

COUNTY COUNCIL OF BERWICK.



# ANNUAL REPORT

ON THE

Health and Sanitary Condition  
of the County and Districts,

BY

ANDREW A. MCWHAN,

M.B., B.Sc., D.P.H.

MEDICAL OFFICER OF HEALTH.

YEAR, 1913.

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# COUNTY OF BERWICK

Report by the Medical Officer of Health  
for the Year 1913.

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*To the Local Government Board for Scotland; to  
the County Council of Berwick, and District  
Committees thereof.*

MY LORDS AND GENTLEMEN,

I have the honour to submit to you  
my Report on the Health, Vital Statistics, and General Sanitary  
Conditions of the County of Berwick and its several Districts for  
the year 1913.

I am,  
My Lords and Gentlemen.

Your obedient Servant,

ANDREW A. McWHAN.

ST. MARY'S,  
RIRSTON, 5th December, 1914.

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## Arrangement of Report.

The first part of this Report deals with sanitary features and statistics which are more or less common and of interest to the whole County. Each of the three Districts is subsequently treated in a section by itself. By this means needless repetition is avoided.

The Local Government Board, in exercise of the powers conferred by Section 15 of the Public Health (Scotland) Act, 1897, require that the Annual Report of the Medical Officer of Health of a District, for the year 1913, shall contain :—

- a. A general account of influences and conditions injurious or dangerous to the health of the district, and of the measures that in his opinion should be adopted for its improvement.
- b. A statement of the general enquiries he has made during the year, and of any special enquiries as to sanitary matters.
- c. A general statement of any matters as to which he has given advice or granted certificates, including any action as to offensive trades.
- d. A specific account of the administration of the Factory and Workshop Act, 1901, in workshops and workplaces. in terms of Section 132 of that Act, together with a tabular statement in the form issued by the Home Office.
- e. An account of any proceedings under the Housing of the Working Classes Acts, 1890-1909, dealing specifically with (1) the sufficiency and habitability of working-class dwellings; (2) the action taken where instances of overcrowding have been ascertained or suspected; and (3) the extent to which private enterprise is meeting the housing requirements of the working classes.\*
- f. A statement showing whether any conditions have arisen or are expected to arise pointing to the expediency of a town-planning scheme for the proper control of further development.\*
- g. An account of any action taken under the Rivers Pollution Prevention Acts.
- h. An account of the hospital accommodation available for persons suffering from infectious disease (including the means provided for the conveyance of such persons), and of the houses of reception, with observations on the furnishing, maintenance, administration, and adequacy of such accommodation, &c.

- j. An account of the premises with necessary apparatus and attendance available for the destruction or disinfection of infected articles (including the means for the conveyance and return of such articles), also of other processes of disinfection in use, with observations on the adequacy of such arrangements and processes.
- . An account of the action taken to prevent the outbreak and spread of infectious disease.
- k. A statement as to the causes, origin, and distribution of diseases within the district, and the extent to which the same have depended on or have been influenced by conditions capable of removal or mitigation.
- l. A statement of the measures adopted for the administrative control of pulmonary tuberculosis, with recommendations as to any further measures that might usefully be put in force by the Local Authority.
- m. An account of the prevalence of infantile mortality in the district, with suggestions for the reduction thereof. In districts where the Notification of Births Act, 1907, has been adopted, the Medical Officer of Health is requested to report on the working of the Act, with an account of the measures taken and the results thereof.
- n. An account of the arrangements made for the carrying out of the Regulations under the Public Health (Regulations as to Food) Act, 1907, with a statement of the action taken under these Regulations.
- o. An account of the arrangements for the inspection of meat at slaughter-houses, shops, and elsewhere throughout the district.
- p. An account of any proceedings under the Sale of Food and Drugs Acts.†
- q. An account of any proceedings under the Rag Flock Act, 1911.†
- r. A tabular statement, in such form as the Local Government Board may from time to time direct, (1) of the cases of

infectious disease notified in the district, and (2) of the infantile mortality within the district.

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\* The Board are anxious that this information should be complete and accurate, as the questions of housing and town-planning are to receive their particular attention.

† Information under these headings is required only in cases where the Medical Officer of Health has been appointed Sampling Officer under these Acts.

### Vital Statistics.

Up to and including the year 1912, two sets of mortality statistics were produced in Scotland, one by the Local Government Board, which compiled vital statistics for the Burghal and County Public Health Districts, and the second by the Registrar-General, whose statistics were prepared for the various registration districts.

The two sets of statistics were not comparable. Those of the Registrar-General were of little or no use in comparing the mortality rates of various public health areas.

Those of the Local Government Board were, on the other hand, returns for public health areas, and were prepared from the official returns which had to be sent in by the Medical Officers of Health for these areas, but, unfortunately, their statistical accuracy was disturbed by the difficulty of allocating deaths of non-residents.

With the approval of the Secretary for Scotland, it was arranged that the work of tabulating and publishing the statistics of Births, Deaths, and Marriages should be entrusted to the Registrar-General exclusively. The new statistics to be compiled by his office were to be classified according to Public Health districts, and, in order to do this, Registrars, whose registration districts formed part of more than one public health district were to make separate returns for both areas. Arrangements were also made with registrars and medical officers to ensure the proper allocation of deaths of non-

residents, and to supply Medical Officers of Health with statistics of the Births, Deaths, etc., of their areas as soon as possible.

In consideration of the more elaborate nature of the returns required from registrars in connection with these new statistics, the recommendation of the Local Government Board that the registrars should receive additional remuneration has been adopted by all Committees with the exception of the Middle District. The registrars now receive the additional fees recommended by the Local Government Board, and an additional 4d. every quarter, whether any deaths are noted or not. These additional fees, however, are dependent on their sending me, on the form supplied for quarterly returns, immediate notice and particulars in the case of every death from pulmonary tuberculosis, and also on their giving me all the information they can with regard to death transcripts.

This year therefore—for the first time—the statistics of Births and Deaths incorporated in the Appendix to this Report have been prepared by the Registrar General.

### Population of the County.

Two estimates of the population of the County now exist, the Registrar-General's, and the Medical Officer of Health's.

Both estimates are given in Table A.

TABLE A.—Population of County and Districts.

Population of	East District.	Middle District.	West District.	Total Landward Area of Berwick County.
Census 1901 -	9364	8648	6011	24023
„ 1911 -	9017	8365	5705	23087
M.O.H's estimate at middle of 1913. }	8940	8302	5638	22880
Registrar-General's estimate at middle of 1913. }	8621	8007	5437	22065

It will be seen from the figures for the landward area of the County that the Medical Officer's method estimates a decrease in population of 207 since the census of 1911, while the



Registrar-General's method indicates a decrease in the two years from last census of no less than 1,022, a figure actually more than the difference between the census figures of 1901 and 1911 (between 1901 and 1911, decrease was 936).

That a discrepancy must exist is obvious, and it would appear that the explanation lies in the different method now adopted by the Registrar-General in computing estimated populations.

Actual populations are only known exactly at the time of census enumerations which are made only at intervals of ten years.

To ascertain the population of intercensal years, various methods, mathematical and otherwise, are adopted.

The method adopted by myself is what used to be termed the "Registrar-General's method," a method based on the probability that the rate of increase or decrease in population between any two censal periods will continue evenly throughout the next intercensal period, the intervening populations being calculated as at the middle of each year, by logarithmic calculations. In the case of Berwickshire, the rate of decrease which occurred between the census of 1891 and 1901 when continued to the next census year of 1911 was found to give a result closely approximating to the actual census figure, and so I assumed that the rate of decrease of population between 1901 and 1911 would continue evenly to 1921, and the populations of the years 1911 to 1920 are being calculated accordingly.

The "Registrar-General's method," however, appears to have been abandoned by the Registrar-General, and I understand that the following method is the one now in use.

The population of the whole of Scotland is estimated by adding to the last census population the excess of births over deaths and subtracting from that figure the loss due to emigration.

The procedure will be better realised by reference to Table C on page 8 of my 1911 report, where a reverse procedure was carried out, viz., adding the excess of births over deaths from 1901-1911 to the census figure for 1901, and subtracting from the result the census figure for 1911 in order to find the loss by emigration from the County during the period 1901-1911.



The estimated population of the towns with over 30,000 inhabitants is then obtained from special housing returns, based on the assumption that these town populations vary directly with the number of inhabited houses in them.

These two estimations being taken as fixed, the difference between them is distributed between all the remaining public health districts, by a somewhat complicated arithmetical process.

Of the two methods, the previous one would appear to give a much more reliable indication of the population of Berwickshire than the new method, which bids fair to blot out the entire population within a few years.

At any rate, I have retained my own estimates on which my own statistics are based. The Registrar-General's figures in the appendix, however, are printed without alteration.

As accurate, or approximately accurate estimations of the population are essential if sickness or mortality statistics are to be of value, and as even the most accurate statistical methods may prove fallacious towards the end of an intercensal period, I would suggest to the County Council the advisability of securing a census taken yearly by the police, say in the month of March, of the number of inhabited houses and their inhabitants.

### Density of Population.

The area of Berwickshire, exclusive of the Burghs, is 291,732 acres, or 455.83 square miles. The average density of population is 0.0790 persons to the acre, or 50.6 to the square mile.

TABLE B.—Average Density of Population.

East District	-	-	-	73.17	persons to the square mile.
Middle	„	-	-	49.02	„ „ „
West	„	-	-	34.86	„ „ „

### Births and Birth Rate.

The number of births in the three districts of the County during 1913 to those mothers whose place of residence was usually within the County was 419.

Of the number, 40 or 9.5% were illegitimate. The percentage of illegitimate births for the East, Middle and West Districts was respectively 7.8, 8.2, and 14.2%.

The birth-rates for the census year of 1901, for 1906 and succeeding years, in each of the districts and in the County generally, have been as follows:—

TABLE C.—Birth-Rates, Berwickshire, 1901, 1906-1913.

Year.		East District.	Middle District.	West District.	County of Berwick.
1901	- -	24·335	21·048	19·555	21·063
1906	- -	20·520	19·488	17·169	19·312
1907	- -	21·097	19·670	16·263	19·384
1908	- -	17·770	19·972	18·688	18·80
1909	- -	23·060	20·749	18·844	21·18
1910	- -	20·946	19·743	17·305	19·6
1911	- -	19·4272	17·1093	21·2392	19·0339
1912	- -	20·2785	18·3673	19·0577	19·2843
1913	{ Registrar Gen.				
	Rate.	19·26	18·36	19·49	18·99
	{ M.O.H's. „	18·57	17·70	18·80	18·31

### Deaths and Death-Rate.

Table D shows the number of deaths registered within the various districts and for the landward area of the County; it also shows the number of deaths transferred from the places of their occurrence to those of the usual places of residence of the deceased, and the resulting corrected figures.

TABLE D.—Number of deaths, showing number of transcripts.

	East District.	Middle District.	West District.	Berwick County.
Number of Deaths Registered - - -	115	92	62	269
Number of Deaths Transferred Out - - -	0	2	3	5
Number of Deaths Transferred In - - -	7	16	11	34
	—	—	—	—
Number of Deaths Corrected—Both Sexes -	122	106	70	298

Only 5 deaths were transferred out, as compared with 34 deaths transferred in. The great majority of these deaths occurred in Edinburgh, and the figures form an indication of the extent to which the facilities available for medical and surgical treatment in that city are made use of by those outwith its bounds.

District death rates for the year 1901 and the past six years are shown below. The rates given are per 1000 of estimated population.

TABLE E.—Death-Rates, Berwickshire, 1901, 1906-1913.

			East District.	Middle District.	West District.	Berwick County.
1901	-	-	14.200	13.299	12.812	13.6535
1906	-	-	13.239	12.444	11.099	12.420
1907	-	-	13.657	12.250	10.491	12.362
1908	-	-	13.857	13.118	12.165	13.170
1909	-	-	12.485	12.212	12.266	12.332
1910	-	-	13.926	12.300	10.600	12.18
1911	-	-	12.8774	13.4003	10.8829	12.5737
1912	-	-	13.3704	13.6854	11.4699	13.0158
1913	Registrar-General's Rate, corrected for transfers					
			14.2	13.2	12.9	13.5
	M.O.H.'s Rate, corrected for transfers.					
			13.6	12.7	12.4	13.0
1913	Registrar-General's Rate, corrected for transfers and adjusted for age and sex distribution.					
			12.5	11.8	11.8	12.0

### Infantile Mortality.

33 deaths of children under one year of age took place in 1913. Of these deaths, 16 were in the East District, 10 in the Middle, and 7 in the West District.

The following table shows, in form similar to those presented above, the infantile mortality rate (number of deaths under one year per 1000 births) in the three Districts and the County generally, for the census year 1901, and since 1906.

TABLE F.—Infantile Mortality, Berwickshire, 1901, 1906-1913.

		East District.	Middle District.	West District.	County of Berwick.
1906	-	86.0215	78.3132	90.9090	84.2572
1907	-	47.3684	53.8922	75.2688	55.5555
1908	-	132.2314	82.8402	66.0377	93.1313
1909	-	73.1707	68.5714	114.2857	80.4123
1910	-	81.0810	72.2391	81.6326	77.9510
1911	-	80.0000	83.9160	49.5868	72.8922
1912	-	109.8901	39.2157	61.8118	74.4921
1913	-	96.0000	68.0000	66.0000	79.0000

## Notifiable Infectious Disease.

Table G shows a summary of the cases of notifiable infectious diseases notified.

TABLE G.—Summary of Notifications—1913.

	East District.	Middle District.	West District.	Landward Part of County.	Burgh of Coldstream.	Burgh of Lauder.
Typhoid or Enteric						
Fever - - -	4	2	0	6	1	0
Typhus Fever - -	0	0	0	0	0	0
Smallpox - - -	0	0	0	0	0	0
Scarlet Fever or						
Scarlatina -	44	2	3	49	1	0
Diphtheria and Mem-						
branous Croup	41	6	14	61	3	0
Erysipelas - - -	4	9	2	15	0	0
Puerperal Fever -	0	0	0	0	0	0
Cholera - - - -	0	0	0	0	0	0
Relapsing Fever -	0	0	0	0	0	0
Continued Fever -	0	0	0	0	0	0
Total - - - -	93	19	19	131	5	0
Pulmonary Tuber-						
culosis - - -	17	7	3	27	0	3
Total - - - -	110	26	22	158	5	3

## Non-Notifiable Infectious Disease.

The cases of non-notifiable infections which came to my knowledge during 1913 are summarised in Table H.

These cases were generally reported by teachers and of course only represent a fraction of the cases which occurred during the year.

TABLE H.—Summary of Non-Notifiable Infectious Cases  
Reported

	East District.	Middle District.	West District.	Landward Part of County.	Burgh of Coldstream.	Burgh of Lauder.
Chickenpox - - -	4	1	0	5	0	0
Measles - - - -	33	14	1	48	62	0
Mumps - - - - -	0	0	23	23	0	0
Ringworm - - - -	0	1	0	1	0	0
Whooping Cough -	41	56	65	162	0	0
	78	72	94	244	62	0

## Infectious Diseases Notified since 1892.

The number of cases of notifiable infectious diseases notified each year since 1892 is shown in the following table:—

TABLE I.—Infectious Diseases since 1892 in County area.

	Scarlet Fever.	Enteric Fever.	Ery- sipelas.	Puerperal Fever.	Diph- theria.	Small- pox.	Typhus.	Pulmonary Tuber- culosis.	Total.
1892	45	32	8	0	17	0	0	0	102
1893	94	15	16	1	24	0	0	0	150
1894	198	11	17	1	37	0	0	0	264
1895	86	10	12	1	23	0	0	0	132
1896	127	14	20	1	48	0	0	0	210
1897	90	24	13	0	41	0	0	0	168
1898	212	7	14	0	24	0	0	0	257
1899	95	10	12	0	35	0	0	0	152
1900	53	8	13	1	22	9	0	0	106
1901	63	6	14	1	35	0	0	0	119
1902	62	6	11	1	40	0	0	0	120
1903	54	3	14	3	42	1	0	0	117
1904	44	3	17	2	73	0	0	0	139
1905	51	1	15	0	19	0	0	0	86
1906	8	3	12	1	14	0	0	0	38
1907	40	3	10	2	16	0	0	0	71
1908	49	1	17	0	14	0	0	0	81
1909	119	6	24	1	59	0	0	0	209
1910	96	0	10	0	26	0	0	0	132
1911	115	2	10	0	20	0	0	0	147
1912	36	4	11	0	35	0	0	13*	99
1913	49	6	15	0	61	0	0	27	158

\* Public Health (Pulmonary Tuberculosis) Regulations came into force on 1st August, 1912.

## Infectious Disease Death-Rates.

Table J gives the number of deaths from certain infectious diseases and also the death-rates per 1000 of estimated population in the landward area of the County and in its various districts.

TABLE J.—Deaths from Infectious Disease, Berwickshire, 1913.

	East District	Middle District.	West District.	Berwick County.
Enteric Fever	0	0	0	0
Measles	0	0	0	0
Scarlet Fever	1	0	0	1
Whooping Cough	1	0	3	4
Diphtheria	0	0	0	0
Diarrhoea and Enteritis (under 2 years)	1	0	0	1
	<hr/> 3	<hr/> 0	<hr/> 3	<hr/> 6
Death-rate per 1000	0.3	0.0	0.6	0.27

## Deaths caused by Tubercular Disease.

20 deaths from tubercular disease occurred in the 3 districts during the year, of which 14 were ascribed to pulmonary tuberculosis and 6 to other forms of tubercular disease.

TABLE K.—Deaths due to Tubercular Disease.

	East District.	Middle District.	West District.	County of Berwick TOTAL
Deaths from Pulmonary				
Tuberculosis - - -	4	8	2	14
Death-rate from Pulmon- ary Tuberculosis - -	.46	.99	.36	.63
Deaths from other forms of Tubercular Disease-	3	2	1	6
Death-rate from other forms of Tubercular Disease - - - -	.35	.26	.19	.27
Total Tubercular Death- rate - - - -	.81	1.25	.55	.90

The death-rates given are calculated per 1000 of estimated population (Registrar-General's estimation).

## Work of the Year.

During the year a large amount of routine work was carried out, especially in the East District, where at one period there existed outbreaks of enteric fever, scarlet fever, and diphtheria.

The work in connection with infectious disease was much lightened by the kindness and help I received from many of the medical practitioners, and to them, and to Dr. Calder for his kindness in acting as Depute Medical Officer of Health for the County during my absence on holiday, my best thanks are due.

As the prevention of infectious disease and the administrative control of pulmonary tuberculosis are at present the two outstanding questions in public health, I am dealing with them only in the general portion this year.

## Prevention of Infectious Disease.

On page 14 of my report for 1912, I stated that the procedure in the County with regard to cases of infectious disease was not very satisfactory, and the fact that more infection had not occurred had to be ascribed to Berwickshire's good fortune and not to its preventive administration.



I am sorry that this criticism must also hold good for the year 1913.

The mode of administration in connection with infectious disease is mainly governed by paragraphs 8 and 9 of the Regulations adopted by the various local authorities in the County for regulating the duties of the Medical Officer of Health.

These paragraphs state :—

- (8) "When a Certificate has been received from a Medical Practitioner or a notice from the head of a family in terms of Section 3 (1) (a) and (b) of the Infectious Disease (Notification) Act, or otherwise the existence of a case of infectious disease has come to his knowledge, the Medical Officer of Health shall instruct the Sanitary Inspector or other competent officer to make the necessary enquiries, and to take such measures as are necessary for preventing the spread of the disease."

"It shall be the duty of the Medical Officer of Health to enter, or cause to be entered, both the Certificates and the Notices in a book to be provided by the Local Authority, and to be called the Register of Notifications, which shall be kept in the office of the Local Authority for that purpose; he shall also tabulate and report to each ordinary meeting of the Local Authority the notifications received."

Prior to 1911 the task of infectious disease prevention seemed to devolve on the Sanitary Inspector. The same officer also kept the Infectious Disease Registers. No systematised enquiries or records of such enquiries in cases of infectious disease were made, and the sole means of disinfection was by fumigation.

As during the months of January and February, 1911, no fewer than 47 cases of scarlet fever were notified in and around Ayton alone, it is obvious that one individual could do nothing towards stemming such an outbreak.

The notification of tuberculosis was not then in existence; other non-notifiable diseases, such as whooping cough and measles, were left alone, and the only administrative action taken with regard to them lay in the closing of schools, when the attendance thereat was much interfered with.



On the 16th May, 1911, I entered on my duties in the County, and the first steps taken were to carry out the provisions of paragraphs 8 and 9 of the Regulations referred to. The details under paragraph 9 were transferred to this office, and a system of careful enquiry into the origin, etc., of each case of notifiable infectious disease, with a view to the prevention of others, was adopted. These enquiries were generally made by the Sanitary Inspector, but sometimes by myself, and the results of the enquiries were recorded in writing; if made by the the Sanitary Inspector, the records were forwarded to me as soon as possible that I might decide what further steps, if any, required to be taken; and the easy method of disinfection by fumigation was replaced by disinfectant spraying, a method which required considerable time to perform, and was more troublesome generally, but of which the results in disinfection were much more effective and certain.

As regards the non-notifiable diseases, action was required both on account of the serious after effects which so often followed measles and whooping cough, and on account of the interference with education that the large number of ~~affected~~ children and the closure of schools involved. On pages 15 and 17 of my 1911 Report, I pointed out that the children absent from school on account of non-notifiable disease for a period of only nine months—from 1st August, 1910, to 31st April, 1911—numbered 565; that many of these were absent for months at a time, and that the time lost by other children in affected families could not even be estimated. Advantage was therefore taken of the school medical inspection scheme, and headmasters were asked to notify me of all cases of non-notifiable disease occurring amongst their scholars, in the hope that the discovery of "first cases" would enable preventive measures to be adopted, which would, in some cases at least, prove effective.

An instance of what could be done was given on page 35 of my first school report, where I described how an early intimation of measles from the Headmaster of Ayton School had saved Cockburnspath parish from what would have been a sweeping epidemic of measles.

In addition, pulmonary tuberculosis became compulsorily notifiable on 1st August, 1912, under an order of the Local Government Board.

At the commencement of 1913, therefore, matters were in a very different state from those at 16th May, 1911.

It is true that the Sanitary Inspector was relieved from the clerical task of keeping infectious disease records, but that was much more than counterbalanced by the time occupied in making minute enquiry into the circumstances relating to each case of infectious disease, and by the greatly increased time demanded by the new method of disinfectant spraying.

On myself fell a large part of the action in connection with notifiable infectious disease, and practically all the work in connection with tuberculosis and non-notifiable disease.

It only needed, however, the outbreaks of diphtheria and scarlet fever in the East District during 1913 to show the futility of these new measures when no sufficient staff existed to carry them out.

In that District 93 cases were notified during the year, and only during the month of January could preventive measures be said to be successful. After January the volume of work proved too much for the staff to accomplish.

Intervals of four days, five days, and even more elapsed at times between notification and receipt of the enquiry card; the examination of contacts and suspects could not be undertaken; visits could not be paid to home cases to ensure that isolation was being maintained; the arrangements for the notification of non-notifiable cases fell through, and visitation of houses from which tubercular cases were notified had latterly to be abandoned.

The appointment of a Health Visitor to assist in making enquiries and keeping infectious cases at home under supervision; the provision of a motor ambulance, both on account of the patients removed and on account of its value in carrying infected goods for disinfection, and adequate travelling facilities for myself in order to cope more particularly with the examination of contacts and suspects, are all necessary if the prevention of infectious disease is to be a reality, and the provision of telephonic communication when that convenience is possible, would help to put an end to an incessant time-wasting and efficiency-destroying correspondence, largely over matters which a minute or two's conversation over the telephone would settle infinitely more easily, and, better still, without delay.

## Isolation in Hospital.

Under the Infectious Disease (Notification) Act, 1889, every medical practitioner attending on or called in to visit a patient shall forthwith, on becoming aware that that patient is suffering from an infectious disease to which this Act applies, send to the Medical Officer of Health for the District a certificate stating the name of the patient, the situation of the building, and the infectious disease from which, in the opinion of such medical practitioner, the patient is suffering; and that done, the medical practitioner's duty is completed. Under paragraph 8 of the regulations referred to, it becomes the duty of the Medical Officer of Health to take such steps as are necessary for preventing the spread of the disease. One of these steps would lie in isolation of the patient, either at home or in hospital. The responsibility of deciding which cases should be removed, and which cases should be retained at home, rests upon the Medical Officer of Health and him only.

On the date of opening Gordon Hospital, on March 1st, 1910, several medical officers of health existed for the areas served by the hospital, and it was arranged, before the ~~hospital~~ hospital was opened that all cases sent should be sent through them, and, to a large extent, that rule is observed to-day.

It never, however, appears to have been the custom for the Medical Officers of the East District to have exercised such responsibility, and it is almost the invariable custom for negotiations regarding the admission of cases to Millerton Hospital to be conducted between the practitioner and the medical superintendent of the hospital.

If Millerton Hospital were large enough to cope with all demands for isolation that were made upon it, no criticism could be made of this method, but Millerton Hospital, on several occasions during 1913, could not admit cases urgently requiring isolation, and it was then that the disadvantages of the method were seen.

The Medical Officer of Health receives all notifications; he knows what to expect; he has to institute enquiries, and, as the result of these enquiries, he may be led to expect certain cases of a particular disease for which he may desire certain beds to be reserved; or, on the other hand, when more cases occur than there are beds for, he may require to decide which of those cases most urgently require isolation in the

public interest, and he may occasionally have the more difficult question of deciding whether it is more advisable to isolate one patient for the sake of better nursing, etc., for himself, or another on account of the isolation necessary for the sake of others.

## Administrative Control of Pulmonary Tuberculosis.

This question was considered fully in my 1912 report.

Of the 27 cases in the three Districts notified during 1913, I was able to visit 20. Of the remainder, on one occasion my visit was made as the result of an urgent request for sanatorium benefit, and took place only a few minutes after the death of the patient; in another, it coincided with the funeral.

In the first case the patient died a fortnight after notification, and in the other the day after notification.

Time did not permit visits to the other 5 cases.

The need of a Health Visitor to visit these cases, take an interest in them and teach them how to avoid infecting their friends, is most urgent. In one instance a patient proudly showed me a pail with disinfectant in it standing beside his bed which he used to spit into. He knew he was in an infectious condition, and his anxiety to observe all the precautions he had learned in order to avoid the risk of infecting his relations was pathetic; but, unfortunately, the household drinking water was kept right beside the sputum pail, and in a dozen different ways he was directly doing what he wished to avoid. Had there been a Health Visitor to visit that home and take a personal interest in it and in its inmates, her suggestions for avoiding infection would have been welcomed, and the little ways in which she would have added to the comfort of the patient would have been much appreciated.

As it was, the opportunities for the infection of other members of the house only stopped with the patient's death and the disinfection of the house and its contents.

### TUBERCULOSIS SCHEME.

A summary of my report on a tuberculosis scheme for the County was given on page 23 of my 1912 report.

That summary included such measures as :—

- (1) Combination with neighbouring Counties to appoint a Tuberculosis Officer.
- (2) Combination of South-Eastern Counties to provide a Sanatorium for the treatment of tubercular cases.
- (3) The Reservation of beds in County Hospitals, more particularly for late cases.
- (4) The appointment of a Woman Health Visitor.
- (5) Other measures, such as—
  - (a) Distribution of sputum flasks, chemical disinfectants, and leaflets of information regarding the prevention of the disease.
  - (b) Arrangements for the bacteriological examination of suspected sputum.
  - (c) Arrangements for disinfection by steam of infected bedding, clothing, etc.
  - (d) Arrangements for house disinfection by sanitary inspectors.
  - (e) Reconstruction of insanitary houses and enforcement of good ventilation.
  - (f) Inspection of cows, cowsheds, and dairies.

With regard to these proposals the following steps were taken :—

- (1) During the year it was proposed that the County Medical Officer of Health act as Tuberculosis Officer for the County. It was pointed out that as pulmonary tuberculosis was an infectious and a notifiable disease, practically all the proposals for prevention, already lay within his province, and that the appointment of another as Tuberculosis Officer would not relieve the County from having to continue these services. In addition, the County Medical Officer was the Medical Adviser to the Berwickshire Insurance Committee.



- (2) Negotiations for the combination of the seven South-Eastern Counties in providing a joint Sanatorium for the treatment of tuberculosis came to a successful conclusion, the Local Government Board issuing an Order in terms of Section 64 (3) of the National Insurance Act, 1911, providing for a combination of the Counties of Berwick, Haddington, Linlithgow, Midlothian, Peebles, Roxburgh, and Selkirk, for the purpose of providing such a sanatorium.
- (3) Gordon Combination Hospital Board agreed to provide a block containing 8 beds in their hospital for the treatment mainly of late cases of tuberculosis.
- (4) No Health Visitor has yet been appointed.
- (5) Arrangements under paragraph (b) have been made by all the authorities for which I am Medical Officer.

The arrangements detailed in the other paragraphs require additional assistance for their execution. The work involved in disinfection alone will be heavy.

#### TREATMENT OF TUBERCULOSIS.

##### Estimated Expense of Treatment.

At the request of the Insurance Committee, the estimate, printed below, of the cost of Sanatorium Benefit to the Insurance Committee for the year ending 31st March, 1915, was prepared. The estimate included provision for both insured persons and their dependents.

#### ESTIMATE OF COST OF SANATORIUM BENEFIT TO INSURANCE COMMITTEE.

(For year ending 31st March, 1915).

#### INCOME.

Income of Insurance Committee for Sanatorium	£	s.	d.
Benefit (1s. 3d. per head for 8,500 Insured Persons) - - - - -	531	5	0
Deficit - - - - -	215	0	0
	<hr/>		
	£746	5	0

## EXPENDITURE.

ESTIMATE FOR INSURED PERSONS	£	s.	d.	£	s.	d.
8 Cases requiring Sanatorium Treatment for say 12 weeks, each at 35s. weekly - - -	168	0	0			
Cases requiring Domiciliary Treatment, 8,500 Sixpences payable out of 1s. 3d. allowed for Domiciliary Treatment by Doctors - - - - -	212	10	0			
Medical Comforts, Drugs, etc. -	50	0	0			
				430	10	0

## ESTIMATE FOR DEPENDENTS

8 Cases requiring Sanatorium Treatment for say 12 weeks, each at 35s. weekly - - -	168	0	0			
Further Domiciliary Treatment for 10 weeks each - - -	20	0	0			
8 Cases requiring Domiciliary Treatment for, say, 26 weeks each - - - - -	52	0	0			
Medical Comforts, Drugs, etc. -	50	15	0			
				290	15	0

## ADMINISTRATION

Proportion of Salary of Tuberculosis Officer, say - - -	25	0	0			
				25	0	0
				£746	0	0

As the expenditure was estimated to exceed the Committee's income by £215, the estimate was forwarded to the County Council, which agreed to be liable for half of the deficit, and in addition estimated that a further sum of £200 would require to be provided from the General Purposes Rate for the treatment of tuberculosis cases who were neither insured nor the dependents of insured persons.

## AUTHORITIES PROVIDING TREATMENT.

Under Section 41 (3) of the National Insurance Act, 1913, a County Council that has been authorised by the Local Government Board to provide a sanatorium or a share in a joint sanatorium



has the same power of providing treatment for all persons suffering from tuberculosis or such other disease as aforesaid as are possessed by local authorities under the Public Health (Scotland) Act, 1897, for the treatment of infectious cases.

If the County Council does not avail itself of its powers, the responsibility of providing treatment rests solely upon each of the seven local authorities of the County.

In addition, the Insurance Committee of the County can provide treatment for those insured and has power to extend that treatment to the dependents of insured persons, and in this County the extension of this benefit to dependents was one of the Insurance Committee's first proceedings.

In the case, however, of members of the Seamen's National Insurance Society, as established under the provision of Section 48 of the National Insurance Act, 1911, the provision of treatment rests upon the society and not upon the Berwickshire Insurance Committee.

As the County Council during 1913 had no scheme in action, the provision of medical treatment for tuberculosis patients fell on the shoulders of the Local Authorities, the Insurance Committee for the County, and the Seamen's National Insurance Society. It has already been shown that the Insurance Committee had an estimated income for the purpose of £531 5/- for the year ending 31st March, 1915; but, as a matter of fact, the income of the Insurance Committee for the purpose was only partly expended for sanatorium benefit. Contrary to what might have been expected there was practically no demand for treatment. In one or two instances direct applications for treatment were made, but most only made application as the result of a personal visit to their homes. It would therefore seem that the utilisation of the Insurance Committee's income is dependent on the successful operation of the County tuberculosis scheme.

### **Institutions Providing Treatment.**

Institutional treatment was provided for two patients at the Royal Victoria Hospital in Edinburgh and for five others at Gordon Combination Hospital. With respect to the latter institution, the approval of the Local Government Board had been

asked to enable one of its ward blocks to be used for the treatment of insured persons and their dependents receiving sanatorium benefit at the expense of the Insurance Committee. On 9th July, Dr. Dittmar, Medical Inspector of the Local Government Board of Scotland inspected, the hospital, and on 16th July the Local Government Board wrote that in terms of Section 16 of the National Insurance Act, 1911, the Board approved the two wards of the observation block at Gordon for the purposes of the said Act. Their approval was given subject to the following conditions :—

- (1) That meantime approval is given only for one year from this date, application for renewal of approval to be made not later than 15th May, 1914.
- (2) That the Board reserve to themselves the right to withdraw this approval at any time during the course of the said year.
- (3) That the Hospital and records as to patients shall be open at any time to inspection by ~~any~~ officer of the Board, and that the officials of the Hospital or Hospital Board shall furnish all information desired by such officer in the course of his inspection or by the Board at any time.
- (4) That not more than four patients be received into the two wards without the consent of the Board.
- (5) That cases of pulmonary tuberculosis only shall be received for treatment in the hospital.
- (6) That at least the following records be kept as regards each case under treatment :—
  - (a) Admission Records, showing local and general condition of patient on admission, with diagram of the chest; history of the illness of the patient, and of his family; description of his environment at home; character of his employment.
  - (b) Temperature Charts, upon which, in addition to temperatures, and pulse and respiration rates,

there are recorded the weight of patients at weekly intervals, and details as to any special form of treatment, *e.g.* graduated labour, injection of tuberculin, etc.

(c) A history of the case while in the institution, written at weekly or monthly intervals, and kept with such accuracy and completeness as is usual in the hospitals to which medical schools are attached.

(7) That the lower parts of all windows in the proposed tuberculosis wards are made to open.

### Cases Treated.

During 1913, 10 cases received medical treatment. One case was treated at the expense of the Joint Committee of Berwickshire, 2 were treated by the Seamen's National Insurance Society, and the remainder by the Insurance Committee for the County. In addition, 5 other cases had applied for benefit but received no treatment. One of these cases died within a day or two after application was made; another died 2 days before the application was granted by the Committee; another was found to be the subject of malignant disease; another withdrew, and the last, a case of surgical tuberculosis, was recommended for treatment only if a shelter could be obtained.

Institutional treatment was granted in 7 cases and domiciliary treatment in 3. Out of the 15 who applied, or on whose account applications were made by others, 7 are now dead. A note of the cases is appended

## LIST OF TUBERCULOSIS CASES TREATED DURING 1913.

NUMBER.	NOTIFIED.	SEX.	AGE.	Married or Single.	Insured, Dependent or Non-Insured.	OCCUPATION, PAST OR PRESENT.	NATURE OF TREATMENT.	HOME CONDITIONS.	AFTER HISTORY.
1 E1	11/1/13	M	18	Z	I	Clerk	Institutional	Good	Better
2 E2	18/1/13	M	26	Z	I	Seaman	Domiciliary	Medium	Died
3 E4	1/4/13	M	29	S	I	"	Institutional	Do.	Died
4 E7	10/6/13	F	26	S	D	Occasionally a Herring Gutter	Domiciliary	Bad	Died
5 W3	12/7/13	F	29	S	I	Was Domestic Servant	Institutional	Bad	Better
6 E11	12/7/13	F	23	S	I	Farm Worker	Do.	Medium	Better
7 E14	2/8/13	F	18	S	D	Was formerly Farm Worker	Do.	Medium	Better
8 E13	4/8/13	F	21	S	D	Nil	Domiciliary	Very Bad	Slight Improvement
9 M6	6/11/13	F	20	S	I	Farm Worker	Institutional	Medium	Better
10 E15	23/8/13	M	34	M	N.I.	Policeman	Do.	Good	Died

## EAST DISTRICT.

### General Matters.

a. With regard to scavenging, my last report stated that St. Abbs ought to be formed into a special scavenging district in the manner provided by Section 44 of the Local Government Board (Scotland) Act, 1894.

The present arrangements provide for the removal of refuse by a farmer on the same estate as St. Abbs, but complaints have been frequent, not only as regards the times of removal, but also that certain inhabitants have got rid of their refuse by dumping it in positions offensive to others.

In order to ensure the proper removal of all refuse, an attempt was made locally to obtain signatures for a petition to the District Committee that St. Abbs be formed into a special scavenging district.

The proposal, however, received no local support, and was abandoned.

A similar proposal was made later to the Parish Council of Coldingham, as well as to St. Abbs, by the District Committee, with no effect.

As the population of St. Abbs is closely aggregated to a considerable degree, and as a large number of visitors stay there in summer, I am of opinion that the circumstances fully warrant the institution of a system of public scavenging, which could be brought about by the extension of Coldingham Special Scavenging District to include St. Abbs, under Section 44 (5) of the previously named Act.

The water supply to St. Abbs is also in the hands of the proprietor, and will probably also require attention at no distant date.

### Enquiries.

b. A general enquiry was made during the year into the habitability of working-class dwellings in the villages of Cockburnspath and Burmounth. In the case of Cockburnspath, practically every house was examined.

A large proportion of houses in these districts showed evidence of dampness, bad ventilation, insufficient window-space, and other defective conditions inimical to health, but

time did not permit either the taking of records or any ameliorative action.

A special enquiry was made into the sanitary condition of Cairnbank School, in the parish of Coldingham, owing to a representation under Section 30 of the Housing of the Working Classes Act, 1890, which had been made to me regarding it.

I reported to the Local Authority that, on a visit to the School, paid on 4th December, 1912, I found the School clean; the ashpit or privy midden structurally defective; the playground defective; and the provision for storing water, which had to be carried from a distant well, capable of improvement.

A copy of the report, with suggestions for improvement, was sent to the Coldingham School Board, and, on my next visit, I found that most, if not all, of these suggested improvements had been carried out in a most satisfactory manner.

### Certificates Granted.

c. Of certificates granted during the year, one was dated 14th Jany., and was to the effect that, with the view of checking an outbreak of enteric fever in the house of W——, Chirnside, it was necessary that the house be cleansed and disinfected, and also that the bedding be either steam disinfected or destroyed.

As part of this house was sub-let for varying periods to other tenants, a certificate of disinfection, from myself, was required, but was not forthcoming, as I did not consider that the house had been satisfactorily disinfected. Ultimately, after all the tenants had left the house, I disinfected the house myself, and granted a certificate to the proprietor in order to allow him to re-let his house.

Re certificates requiring closure of schools on account of infectious disease, Cockburnspath School Board was required to close Cockburnspath School, from April 8th to April 28th, and from May 13th to May 16th, with a view to preventing the spread of diphtheria.

Coldingham School Board was required to close Reston School on 15th and 16th June, and Cairnbank School from 26th September to 30th September, with a view to checking the spread of scarlet fever. These dates are all inclusive.



## Factory and Workshop Act.

d. A tabular statement of the work performed in connection with the Factory and Workshop Act will be found in the Appendix.

## Housing of the Working Classes Acts, 1890-1909.

e. & f. With the exception of the procedure, consequent on a complaint by four ratepayers, as to the condition of Cairnbank School, no action has been taken under the Housing Acts. This action did not arise in connection with a dwelling house, and it has already been reported on. (*Also see paragraph b.*)

## Rivers Pollution.

g. No action has been found necessary under the Rivers Pollution Prevention Acts.

## Hospital Accommodation.

h. Isolation Hospital accommodation for cases of the ordinary infections is provided in Millerton Hospital. This hospital is a joint hospital serving the Burgh of Eyemouth as well as the East District. It is certified to accommodate nine beds for a population of 11,470, thus providing 1 bed for every 1275 of population. The accommodation consists of 2 main wards and a side ward.

In previous reports I have referred to the need for additional ward accommodation, the want of which was severely felt on several occasions during the year, when cases requiring isolation in the interests of others had to be kept at home.

The experiences of last year showed further that this additional accommodation would be best provided by the erection of a block containing small single or two bed wards for the separate treatment of special or doubtful cases.

Isolation hospitals cannot avoid admitting at times patients who are found on careful examination to be suffering from diseases other than those notified, or patients may be admitted suffering from two concurrent infections. Should such cases be admitted to a ward containing only "straightforward" cases of a definite infectious disease, "cross infection" will almost certainly occur and the results of the "cross infection" may be most serious.

In the East District of Berwickshire the arrangements for the removal of infectious cases are in the hands of the Hospital



Physician, who makes it a practice to be at the hospital on the admission of any case to examine him or her personally, with a view to eliminating the risk of admitting anyone to the wards who might set up "cross infection." The exigencies of medical practice, however, might occasionally prevent this preliminary examination and even with it a patient might be admitted suffering from one disease and incubating a second, which might only appear some days afterwards. These single bed wards— isolation or observation wards or cubicles, they are termed— would enable a case, newly admitted, to be isolated until the doctor's arrival, and would enable any case in a "straightforward" ward which develops another disease to be isolated at once.

The provision of such observation wards would also strengthen administrative control over infectious disease generally. A doubtful case of epidemic disease must at present be kept at home with the possibility of infecting others, as happened in at least one instance last year. Were there an observation ward, he could be removed for observation and discharged in a few days, should suspicion prove unfounded. In one or two roomed houses, with no accommodation for isolating suspected cases, and especially where there is a young family, provision of this nature would prove most valuable.

In addition to an isolation or observation block, a discharge block is also required. This discharge block is generally provided with a view to diminishing the tendency to outbreaks of scarlet fever at the home of a scarlet fever convalescent discharged there. "Return outbreaks," they are termed. The block usually contains three rooms, one in which the patient removes his infected clothing, an adjoining room with the bath and a dressing room in which the patient dons clean sterilized clothing. To avoid any risk of "catching cold" when the discharge from the nose might prove infectious, another room may be added in which the convalescent is kept for the night after his bath and before his final discharge from hospital.

As from July to October, 1913, out of a series of 28 cases, 17 of which were removed to hospital, there were 6 return cases and 4 cases cross-infected, the need for such isolation and observation wards and discharge block is apparent.

No house of reception is provided.

The provision for any smallpox cases which may occur consists of portable wooden huts.

The ambulance is a heavy vehicle, requiring two horses for any but the shortest distances, and a considerable time is occupied in conveying patients from outlying districts. A motor ambulance for the entire County would prove more expeditious, as well as be better for the patients.

### Disinfection.

i. In my report for 1911 I reported that the sole method of disinfecting bedding, etc., at Millerton Hospital was by means of formalin vapour in a small room set apart for the purpose, and that its efficiency was nil. No clothing, bedding, etc., was removed with the patient to the hospital, but was left to defeat the objects of the Sanitary Inspector's disinfection of the house, and to propagate the spread of the disease still further. The need for a steam disinfector, large enough for all demands that might be made upon it, was most urgent.

No other arrangements for disinfection have yet been made, and the necessity for efficient means of disinfection was most urgently felt during 1913.

### Prevention of Infectious Disease.

j. On 31st December, 1912, a boy in a house in Chirnside was notified as having enteric fever. On visiting the house soon afterwards, the boy's mother looked obviously unwell, and as there was a history of diarrhoea, all the members of the house were examined. As a result, five cases in all were diagnosed as cases of enteric fever, and a sixth as having recently suffered from enteric. The diagnoses were confirmed by the Widal reaction.

The house in which the cases occurred was a three-roomed house, one room being downstairs and two upstairs. The family renting the house stayed in the downstairs room, and let out the upper two rooms to two families, one of which had only come from Durham at the end of November, 1912. Of the six cases, four occurred in the family residing in the downstairs room, and two in the family from Durham. As the case which had recovered occurred in the family from Durham, there seemed good reason for suspecting that the disease was imported from that town. All the cases recovered, and no subsequent cases were notified.

At the same time a slight epidemic of diphtheria broke out in Cockburnspath. On 8th January, a telegram was received

from the doctor there stating there was an outbreak of suspicious sore throat, and asking assistance. Cases of suspected diphtheria were notified in three houses, all the diagnoses being afterwards confirmed by bacteriological examination.

Difficulty arose over one case which was being nursed in a room off a baker's shop. Isolation was urgently necessary, but the patient was too ill to be removed to Millerton Hospital. As the Haddingtonshire hospital at Dunbar was nearer, and the road better, arrangements were made for his removal there. The other cases had to be left at home, as it was preferable not to remove them to a hospital, with the limited accommodation of Millerton, considering there were already four cases of enteric fever in that institution, and that accommodation had to be reserved for scarlet cases, of which, as a matter of fact, 2 cases were admitted in the ensuing week. As a result of the energetic measures used at the time, only 6 cases came to my knowledge. The disease recrudesced again, however, in March, when four cases were notified; in April, when 7 cases, and in May, when 10 cases were notified.

Of the 41 cases of diphtheria notified in the district during the year, 27, therefore, occurred in Cockburnspath or district.

In the case of scarlet fever, 2 cases were notified in the middle of January. In February and March, 9 cases occurred; in April, 5; from June to September, 18, and from October to December, 10 cases occurred, making 44 cases in all during the year. Most of these cases resided in Ayton and Coldingham districts.

Of the 28 cases notified from July to the commencement of October, only 8 were primary cases or cases in whom the disease was not traced to any source of infection. 10 cases were secondary cases, *i.e.*, cases for whom a source of infection was found. 6 were return cases or cases following the return home of a convalescent patient discharged from Millerton Hospital. 4 were cross-infections in which the infection had been contracted in hospital whilst there on account of another disease.

As the state of affairs was in my opinion most serious, I sent in a full statement of these cases to the District Committee on 1st November, 1913.

## Distribution of Disease.

k. The distribution, etc., of infectious diseases has been discussed in the previous paragraph. The high proportion of secondary cases, return cases and cross-infections as stated there shows that these diseases at least have been influenced by conditions capable of removal or mitigation.

Improvements which require to be effected in the hospital accommodation and in the facilities for disinfection have been set forth in paragraphs h and i, so that further conditions are narrowed down to administrative improvements outside hospital, which, as the same conditions to a considerable extent affect the other districts, have been considered in detail on pp. 14 to 19 of the general section.

## Administrative Control of Pulmonary Tuberculosis.

1. As regards tuberculosis in the East District, the year 1913 was the first complete year for which we received notifications of pulmonary tuberculosis. Notifications received numbered 17, and of these individuals 10 have since died. Visits of enquiry were paid by myself to 12 of these cases.

The appointment of a Health Visitor is urgently required for this work, especially in connection with the making of enquiries, the constantly keeping in touch and exercising a pervading influence for the hygienic good of infected households, and now in connection with domiciliary treatment. It is with the greatest difficulty that I can undertake any of this class of work.

The value of a trained woman to visit such cases, if for no other reason than to show their relatives how to avoid infection, is incalculable, and without such actual preventive work the cost of sanatorium treatment is practically thrown away. It is specially necessary in this District, too, as up to the present date, out of 22 in my areas of the County who have received treatment for tuberculosis, 14 of these have been resident in the East District. Out of 12 tubercular cases treated in Gordon Hospital and the Victoria Hospital, 6 were from the East District and of the four shelters owned by the County Council for the domiciliary treatment of tuberculosis, all four were first in use in the East District.

As regards disinfection, the only disinfection that takes place is disinfection after death, and then often a considerable time elapses till the fact of such a death becomes known, which may only come to light through the Registrar's returns. The last death which occurred in 1913 took place on Christmas Day, but only became known on receipt of the death return, and the house was therefore not disinfected till 7th January, 1914.

There is no disinfection during the currency of the illness, and the want of a steam disinfector, as well as the want of serviceable means of transporting infected material, renders efficient disinfection out of the question.

At present there is no hospital accommodation for tuberculosis.

A number have been removed to Gordon Hospital by the Insurance Committee, and the Gordon Hospital Committee are willing to admit others—for payment—whom the Insurance Committee have no power to treat, but these would largely include late cases who could not be removed to Gordon, owing to the distance and their being no ambulance available.

The only recommendation I would suggest as to further measures that might usefully be put in force by the District Committee, would be for them to approve of the County Council's scheme for preventing and treating tuberculosis.

### Infantile Mortality.

m. The infantile mortality rate for 1911 was 80; for 1912 it was 108; and for the year in question, 96. No suggestions for its reduction need be made until a Health Visitor be appointed.

The Notification of Births Act, 1907, has not been adopted in the district.

### Meat Inspection.

n. & o. No action has been taken under the Regulations under the Public Health (Regulations as to Food) Act, 1907. No definite arrangements for meat inspection can be made.

### Rag Flock Act, 1911.

q. No proceedings under the Rag Flock Act, 1911, have been taken.

### Vital Statistics.

r. Tabular statements, referring to Infectious Disease and Infant Mortality, in the form prescribed by the Local Government Board, are appended.



## MIDDLE DISTRICT.

### General Matters.

a. b. & c. General matters will be found discussed under the County Report. Nothing under these heads requires attention here.

### Factory and Workshop Act.

d. A tabular statement of the work performed in this connection accompanies this report.

### Housing of the Working Classes Acts, 1890-1909.

e. No action has been taken under the Acts.

### Town Planning Schemes.

f. No conditions are likely to arise pointing to the expediency of a town planning scheme for the proper control of further development.

### Rivers Pollution.

g. No action has required to be taken under the Rivers Pollution Prevention Acts.

### Hospital Accommodation.

h. Accommodation for persons suffering from infectious disease is provided at Gordon Hospital, which has, so far, been able to meet all demands put upon it.

A horse ambulance is provided for the conveyance of such persons. Considering the distance from which patients are drawn, it is slow; horsing occasionally presents difficulty; and it would be better replaced by a motor ambulance.

No houses of reception are provided.

### Disinfection.

i. The Disinfecting Station forms part of a block in Gordon Hospital. A Velox disinfecter is installed, and has given good service. As the ambulance has no rail on the top, any articles removed from infected houses for steam disinfection must be conveyed inside the ambulance along with the patient and nurse, which practically means that only a few light articles can be removed, the bulky articles requiring to be left in the house for such disinfection as can take place there.

With articles that are taken, too, no special arrangements exist for returning them to their owners, and often great

difficulty is experienced in their return. The difficulty will best be solved by the provision of a motor ambulance.

### **Prevention of Infectious Disease.**

j. No special action for this purpose required to be taken throughout the year.

### **Distribution of Disease.**

k. Only 19 cases of infectious disease occurred during the year. Of these, 6 were cases of diphtheria, 9 of erysipelas, 2 of scarlet fever, and 2 of enteric fever. Both enteric fever cases resided in the vicinity of Coldstream. In one case no suspected cause was discovered. In the other, the patient had had a sister ill with enteric two years previously. No further enquiries could be made at the time. No secondary cases occurred.

In addition, 7 cases of pulmonary tuberculosis were notified during the year. Of these, 5 are now dead.

### **Administrative Control of Pulmonary Tuberculosis.**

l. No adequate administrative control exists, nor can exist, until the proposed tuberculosis scheme, outlined on page 23 of my 1912 report, comes into action.

The Middle District Committee has agreed to make such arrangement, as may be necessary, for carrying out that scheme in the Middle District, and for the institutions and officers under the scheme being available for all cases of tuberculosis, for whom the Local Authority are responsible.

The Committee have also approved of the proposal to appoint a Lady Health Visitor, and have directed that intimation should be made to the County Council that the Committee were willing to join in any arrangements the County Council might make for the provision of a Health Visitor.

### **Infantile Mortality.**

m. The infantile mortality rate, *i.e.*, the number of deaths under one year per 1,000 births, is 68. No suggestions for its reduction need be made until a Health Visitor be appointed.



The notification of Births Act, 1907, has not been adopted in the district.

### **Meat Inspection.**

n. & o. No action has been taken under the Regulations under the Public Health (Regulations as to Food) Act, 1907. The difficulty of securing proper inspection of meat was pointed out in my 1912 report.

### **Rag Flock Act, 1911.**

q. No proceedings under the Rag Flock Act, 1911, have been taken.

### **Vital Statistics.**

r. Tabular statements of sickness and mortality, etc., are appended.

## **WEST DISTRICT.**

### **General Matters.**

a. b. and c. In December I reported that the existing arrangements for flushing the drains in Gordon village by branch pipes from the water main let into the flushing tanks was dangerous, and that the branch pipes should be cut off altogether from the tanks, the ends of them being sealed up, and that the drains should be flushed by means of a hose attached to the main, and the clerk was instructed to request Gordon Drainage Sub-Committee to carry out these recommendations. These have since been given effect to.

The only certificates given were ones requiring the closing of the infant department of Gordon School from 24th-28th November, and the closing of the whole school from 25th-28th November, with the view of preventing the spread of diphtheria.

### **Factory and Workshop Act.**

d. A tabular statement of the work performed in this connection accompanies this report.

### **Housing of the Working Classes Acts, 1890-1909.**

e. No action has been taken under these Acts.

## Town Planning Schemes.

f. No conditions are likely to arise pointing to the expediency of a town-planning scheme for the proper control of further development.

## Hospital Accommodation and Means of Disinfection.

h. and i. These will be found discussed on pages 35 and 36.

## Prevention of Infectious Disease.

j. Beyond the routine measures of isolation and disinfection and the closure of Gordon School, previously referred to, no other steps were necessary to control the spread of infectious disease.

## Distribution of Disease.

k. Cases of the ordinary notifiable infectious disease numbered 19, of which 14 were cases of diphtheria, 2 of erysipelas, and 3 of scarlet fever.

3. cases of pulmonary tuberculosis also were notified during the year.

## Administrative Control of Pulmonary Tuberculosis.

l. No adequate administrative control can exist till the proposed tuberculosis scheme, which the West District Committee has given its assent to, comes into force.

## Infantile Mortality.

m. The infantile mortality rate for the year 1913 is 66 per 1000 births. The Notification of Births Act, 1907, has not been adopted.

## Meat Inspection.

n. and o. There is nothing to report under these sections.

## Rag Flock Act, 1911.

q. No proceedings have been taken.

## Vital Statistics.

r. Tabular statements of vital statistics are appended.

## BURGH OF COLDSTREAM.

### General Matters.

a. b. & c. Nothing requires to be reported under these headings.

### Factory and Workshop Act.

d. A tabular statement of the work performed in this connection accompanies this report.

### Housing of the Working Classes Acts, 1890-1909.

e. No proceedings were taken under these Acts during 1913. A number of houses in the town were visited by me on various occasions. All were in a fair state of repair, and no case of overcrowding was met with. I heard no complaints as to inability to get houses, or to get suitable houses, but I understand, nevertheless, that there is a dearth of suitable houses for the working classes, and that private enterprise is doing nothing to meet this want.

During the year some correspondence passed with the Local Government Board with regard to the inspection of houses under the Housing (Inspection of District) Regulations, 1910, as a result of which an amended scheme for the carrying out of these regulations was submitted to the Town Council, and finally approved by the Board.

### Amended Arrangements made by the Burgh of Coldstream for carrying out Housing (Inspection of District) Regulations.

(1) The sanitary Inspector shall prepare from time to time lists of houses which appears to him to demand attention, setting forth in each case, under the proper headings, the defects noted.

(2) The Medical Officer of Health shall inspect the houses in these lists with a view (a) to making a representation under the Housing Acts in cases where he is of opinion that a closing order should be applied for; and (b) to recommending action in accordance with the forms of procedure which have been issued by the Local Government Board regarding houses which come more properly under Section 15 of the Act.

(3) The Local Authority shall from time to time take such lists, representations, and recommendations into consideration, and give such instructions and take such action as may be necessary or desirable.

(4) The Medical Officer of Health shall keep the record of inspections made, and of representations and recommendations, and of any action taken in pursuance of the Regulations, and include in his Annual Reports the reports which are required by the Local Government Board under Article V. of the Regulations.

### Town Planning Schemes.

g No necessity for such a scheme appears to have arisen.

### Burgh Police Act.

h No proceedings were necessary under this Act. The slaughter house was inspected twice, and found each time in a satisfactory condition.

### Hospital Accommodation and Means of Disinfection.

i. & j. In my 1912 report I referred to the fact that the managers of Coldstream Cottage Hospital had resolved to discontinue the admission of infectious cases to the Cottage Hospital.

As the town was thus left without any isolation accommodation, the Town Council resolved to enter the Gordon Hospital Combination, to whose hospital infectious cases are now sent.

A description of the hospital, and the disinfecting block is given on pages 35 and 36.

### Prevention of Diseases.

k. & l. During the year 5 cases of ordinary infectious disease were notified, viz., 3 cases of diphtheria, one case of scarlet fever, and 1, a fatal case, of enteric fever.

The case of scarlet fever was notified from the Cottage Hospital, and was removed to Gordon Isolation Hospital.

No cases of pulmonary tuberculosis were notified.

## Administrative Control of Pulmonary Tuberculosis.

m. Adequate administrative control in Coldstream depends also on the coming into force of the County Tuberculosis Scheme.

## Infantile Mortality.

n. The infantile mortality rate for the year was 125 per 1000 births. Nothing can be done until the staff is increased generally. The Notification of Births Act, 1907, has not been adopted.

## Food, Meat. and Milk.

o. p. q. No action has required to be taken for the protection of the food, meat, and milk supplies. Meat is inspected at the slaughterhouse and in the shops, occasionally by myself, but more generally by the Sanitary Inspector.

## Vital Statistics.

t. Tabular statements of these are appended.

# BURGH OF LAUDER.

## General Matters.

a. b. & c. During the year several complaints were made to me regarding the insufficiency of the supply of water to the Burgh.

On writing the Town Clerk regarding the matter, he informed me that steps were being taken to provide an additional supply, springs having been tapped which were found to yield about 34,000 gallons per day. This addition should render the water supply more than adequate.

## Factory and Workshop Act.

d. Statistics regarding inspections are appended.

## Housing of the Working Classes Act.

e. & f. No proceedings have been taken under these Acts. I am unable to report as to the specified questions regarding details of the housing of this burgh.

## Burgh Police Act.

h. No proceedings have been taken under the Act. Half-yearly inspections of the slaughterhouse were made, when they were found in a satisfactory condition.

## Hospital Accommodation and Disinfection.

i. & j. The hospital at Gordon and its disinfecting block have been already described.

## Infectious Diseases.

k. & l. Three cases of pulmonary tuberculosis were notified, but no case of the ordinary infections.

## Administrative Control of Pulmonary Tuberculosis.

m. Efficient control depends on the operation of the proposed County Scheme.

## Infantile Mortality.

n. The infantile mortality rate for the year was 200, *i.e.*, the deaths of infants under one year was at the rate of 200 for every 1000 births. That is, for the 10 births during the year, there were two deaths of infants under one year.

## Vital Statistics.

• Tabular statements are appended.

o. to s. I have nothing to report with regard to these paragraphs.



## Factories, Workshops, Laundries, Workplaces and Homework.

### 1.—INSPECTION.

INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS.

PREMISES.	EAST DISTRICT.			MIDDLE DISTRICT.			WEST DISTRICT.			COLDSTREAM BURGH.			LAUDER BURGH.		
	No. of Inspections.	No. of Written Notices.	No. of Prosecutions.	No. of Inspections.	No. of Written Notices.	No. of Prosecutions.	No. of Inspections.	No. of Written Notices.	No. of Prosecutions.	No. of Inspections.	No. of Written Notices.	No. of Prosecutions.	No. of Inspections.	No. of Written Notices.	No. of Prosecutions.
Factories (Including Factory Laundries).	16	..	..	14	1	..	8	..	..	13	..	..	..	..	..
Workshops (Including Workshop Laundries).	61	..	..	61	..	..	53	..	..	87	..	..	23	..	..
Workplaces (Other than Outworkers' Premises included in Part 3 of this Report).	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	83	..	..	75	1	..	61	..	..	100	..	..	23	..	..

### 2.—DEFECTS FOUND.

PARTICULARS.	EAST DISTRICT.			MIDDLE DISTRICT.			WEST DISTRICT.			COLDSTREAM BURGH.			LAUDER BURGH.		
	No. of Defects.	Remedied.	Referred to H.M. Inspector.	No. of Defects.	Remedied.	Referred to H.M. Inspector.	No. of Defects.	Remedied.	Referred to H.M. Inspector.	No. of Defects.	Remedied.	Referred to H.M. Inspector.	No. of Defects.	Remedied.	Referred to H.M. Inspector.
Nuisances under the Public Health Act:—															
Want of cleanliness ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Want of ventilation ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Overcrowding ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Want of drainage of floors ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other nuisances ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Sanitary accommodation insufficient or unsuitable or defective or not separate for sexes ..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Offences under the Factory and Workshop Act:—															
Illegal occupation of underground bachelouse (S. 101) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Breach of special sanitary requirements for bachelouses (SS. 97 to 100) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other offences (excluding offences relating to outwork, which are included in Part 3 of this Report) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	2	2	..	1	1	..	..	..	..	..	..	..	..	..	..

\* Including those specified in Sections 2, 3, 7 and 8 of the Factory and Workshop Act as remediable under the Public Health Act.

### 3.—HOME WORK.

	EAST DISTRICT.	MIDDER DISTRICT.	WEST DISTRICT.	COLDSTREAM BOROUGH.		LAUDER BOROUGH.	
	Number.	Number.	Number.	Number.	Number.	Number.	Number.
Outworkers' Lists, { Lists received from Employers ..	..	..	..	..	..	..	..
Section 107 { Prosecutions ..	..	..	..	..	..	..	..
Outwork in { Instances ..	..	..	..	..	..	..	..
Unwholesome Premises, { Notices served ..	..	..	..	..	..	..	..
Section 108 { Prosecutions ..	..	..	..	..	..	..	..
Outwork in { Instances ..	..	..	..	..	..	..	..
Infected Premises, { Orders made ..	..	..	..	..	..	..	..
Section 109, 110 { Prosecutions ..	..	..	..	..	..	..	..

### 4.—REGISTERED WORKSHOPS.

Workshops on Register (s. 131) at the end of the year.	EAST DISTRICT.		MIDDER DISTRICT.		WEST DISTRICT.		COLDSTREAM BOROUGH.		LAUDER BOROUGH.	
	Number.		Number.		Number.		Number.		Number.	
Bakers ..	12	5	5	5	5	3	2	2	3	3
Barbers ..	..	..	..	..	..	..	..	..	..	..
Blacksmiths ..	14 (1)	15 (1)	..	11	11	1	3	3	1	1
Bondbuilders ..	.. (1)	..	..	..	..	..	..	..	..	..
Cabinetmakers ..	1	..	..	..	..	..	1	1	..	..
Corn Millers ..	.. (5)	..	..	..	..	..	..	..	..	..
Cycle Agents and Repairers ..	3	1	..	2	2	..	2	2	..	..
Dressmakers ..	4	2	.. (2)	4	4	2	3	3	2	2
Engineers ..	.. (1)	..	..	..	..	..	..	..	..	..
Fish Curers ..	3	..	..	..	..	..	..	..	..	..
Gas Works ..	1	..	..	.. (1)	..	..	..	..	..	..
Joiners ..	6 (3)	12	..	8 (1)	8 (1)	3	3	3	3	3
Millers ..	..	..	.. (2)	..	..	..	..	..	..	..
Milliners ..	.. (2)	..	..	..	.. (1)	..	..	..	1	1
Millwrights ..	.. (1)	..	..	..	..	..	..	..	..	..
Motor Engineers ..	2	1	..	1	1	1	2	2	1	1
Painters ..	.. (1)	..	.. (1)	..	..	..	..	..	..	..
Paper Mills ..	1	..	..	2	2	1	3	3	1	1
Plumbers ..	2	3	..	1	1	1	1	1	1	1
Saddlers ..	.. (1)	..	..	.. (1)	..	..	..	..	..	..
Saw Millers ..	5	4	..	3	3	3	3	3	3	3
Shoemakers ..	9	10	..	4	4	5	5	5	1	1
Tailors ..	..	..	..	1	1	..	..	..	..	..
Watchmakers ..	..	.. (1)	..	.. (1)	..	..	..	..	..	..
Woollen Mills ..	..	..	..	..	..	..	..	..	..	..
TOTAL ..	63 + (16)	53 + (7)	43 + (5)	28	28	22	22	22	22	22

NOTE.—Figures in brackets indicate number of Factories.

### 5.—OTHER MATTERS.

	EAST DISTRICT.		MIDDER DISTRICT.		WEST DISTRICT.		COLDSTREAM BOROUGH.		LAUDER BOROUGH.	
	Number.		Number.		Number.		Number.		Number.	
Matters notified to H.M. Inspector of Factories	..	..	..	..	..	..	..	..	..	..
Failure to affix Abstract of the Factory and Workshop Act (s. 133) ..	..	..	..	..	..	..	..	..	..	..
Action taken in { Notified by H.M. Inspector	..	..	..	..	..	..	..	..	..	..
Matters referred by H.M. Inspector under the Public Health Acts, but not under the Factory and Workshop Act (s. 5),	..	..	..	..	..	..	..	..	..	..
Reports (of action taken) sent to H.M. Inspector	2	..	..	..	..	..	..	..	..	..
Other ..	..	..	..	..	..	..	..	..	..	..
Underground Bunkhouses (s. 101):—	..	..	..	..	..	..	..	..	..	..
Certificates granted during the year	..	..	..	..	..	..	..	..	..	..
In use at the end of the year	..	..	..	..	..	..	..	..	..	..

# RETURN of BIRTHS and DEATHS, &c., during Year ending 31st December, 1913

County of Berwick.

East District

POPULATION, Census 1911, 9017.

Estimated at Middle of 1913, 8621.

## NUMBERS.

Births (Corrected for Transcripts)	166	Deaths Transferred In	...	...	7
Do. Illegitimate do.	13	Do. (Corrected) Both Sexes	...	...	122
Marriages (Uncorrected)	...	Do. do. Males	...	...	63
Deaths do.	115	Do. do. Females	...	...	59
Do. Transferred Out	—				

## RATES PER 1000 OF ESTIMATED POPULATION.

Birth Rate (Corrected for Transcripts)	...	...	...	...	...	10.3
Marriage-rate (Uncorrected)	...	...	...	...	...	5.6
Death-rate—All Causes do.	...	...	...	...	...	13.3
Do. do. (Corrected for Transfers)	...	...	...	...	...	14.2
Do. do. (Corr. for Transfers and Adjusted for Age and Sex Distribution)	...	...	...	...	...	12.5
Do. —Phthisis (Corrected for Transfers)	...	...	...	...	...	0.5
Do. —All Tuberculosis do.	...	...	...	...	...	0.8
Do. —Principal Epidemic Diseases do.	...	...	...	...	...	0.3
(Those Asterisked below).						

Infantile Mortality Rate (Deaths of Children of under One Year per 1000 Births), corrected—9.6  
 Illegitimate Rate (Illegitimate Births per 100 Total Births), corrected for Transcripts— 7.8

CAUSES OF DEATH (corrected for Transfers).	All Ages.	AGE.											
		1	5	10	15	25	35	45	55	65	75	—	—
*Enteric Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Typhus Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Smallpox ...	...	...	...	...	...	...	...	...	...	...	...	...	...
*Measles ...	...	...	...	...	...	...	...	...	...	...	...	...	...
*Scarlet Fever ...	1	...	1	...	...	...	...	...	...	...	...	...	...
*Whooping Cough ...	1	...	1	...	...	...	...	...	...	...	...	...	...
*Diphtheria and Croup ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Influenza ...	1	...	...	...	...	...	...	...	...	...	...	1	...
Erysipelas ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Phthisis (Pulmonary Tuberculosis) ...	4	...	...	...	...	...	2	...	1	1	...	...	...
Tuberculous Meningitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis ...	1	...	...	...	...	...	...	...	1	...	...	...	...
Other Tuberculous Diseases ...	2	...	...	1	1	...	...	...	...	...	...	...	...
Cancer, Malignant Disease ...	6	...	...	...	...	...	...	1	1	3	1	...	...
Rheumatic Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Organic Heart Disease ...	17	...	...	...	...	...	1	3	4	6	3	...	...
Bronchitis ...	2	...	...	...	...	...	...	...	...	1	1	...	...
Pneumonia (all forms)...	5	1	2	...	...	...	1	1	...	...	...	...	...
Other Diseases of Respiratory Organs	3	1	...	...	...	...	...	...	...	1	...	...	...
*Diarrhoea and Enteritis (under 2 years)	1	1	...	...	...	...	...	...	...	...	...	...	...
Appendicitis and Typhlitis ...	1	...	...	...	...	...	1	...	...	...	...	...	...
All Liver Diseases (not Malignant) ...	2	...	...	...	...	...	...	...	...	2	...	...	...
Other Diseases of Digestive System (under 2 years)	...	...	...	...	...	...	...	...	...	...	...	...	...
Nephritis and Bright's Disease ...	5	...	...	...	...	...	...	1	2	...	2	...	...
Puerperal Sepsis ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Diseases and Accidents of Pregnancy and Parturition ...	3	...	...	...	...	2	1	...	...	...	...	...	...
Congenital Debility and Malformation, including Premature Birth ...	7	7	...	...	...	...	...	...	...	...	...	...	...
Violent Deaths, excluding Suicide ...	2	...	...	...	...	...	...	...	1	...	1	...	...
Suicide ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other defined Diseases ...	54	6	1	1	...	...	2	2	7	11	24	...	...
Diseases ill-defined or unknown	4	1	...	...	...	...	...	...	1	2	...	...	...
Total	122	16	3	4	2	1	2	8	8	18	27	33	...



# RETURN OF INFANT MORTALITY

For the Year ending 31st December, 1913.

County of Berwick.

East District.

NET DEATHS FROM STATED CAUSES AT VARIOUS AGES UNDER 1 YEAR OF AGE.

CAUSE OF DEATH.			Under 1 Week.	1, and under 2 Weeks.	2, and under 3 Weeks.	3, and under 4 Weeks.	Total under 4 weeks	4 Weeks, and under 3 Months.	3, and under 6 Months.	6, and under 9 Months.	9, and under 12 Months.	Total deaths under 1 Year
All Causes	Certified ...	...	6	1	2	...	9	2	1	...	4	16
	Uncertified	...	...	...	...	...	...	...	...	...	...	...
{	Small-pox ...	...	...	...	...	...	...	...	...	...	...	...
	Chicken-pox ...	...	...	...	...	...	...	...	...	...	...	...
{	Measles ...	...	...	...	...	...	...	...	...	...	...	...
	Scarlet Fever ...	...	...	...	...	...	...	...	...	...	...	...
{	Whooping Cough...	...	...	...	...	...	...	...	...	...	...	...
	Diphtheria and Croup ...	...	...	...	...	...	...	...	...	...	...	...
{	Erysipelas ...	...	...	...	...	...	...	...	...	...	...	...
	Tuberculous Meningitis ...	...	...	...	...	...	...	...	...	...	...	...
{	Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...
	Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...
{	Meningitis (not Tuberculous)	...	...	...	...	...	...	...	...	...	...	...
	Convulsions ...	...	...	1	1	...	2	...	1	...	1	4
{	Pneumonia (all forms) ...	...	...	...	...	...	...	...	...	...	1	1
	Bronchitis ...	...	...	...	...	...	...	...	...	...	...	...
{	Laryngitis ...	...	...	...	...	...	...	...	...	...	...	...
	Diarrhoea and Enteritis ...	...	...	...	...	...	...	...	...	...	...	...
{	Other Digestive Diseases	...	...	...	...	...	...	...	...	...	...	...
	Congenital Malformations	...	...	...	...	...	...	1	...	...	...	1
{	Premature Birth ...	...	2	...	...	...	2	...	...	...	...	2
	Atrophy, Debility, and Marasmus	...	1	...	1	...	2	1	...	...	1	4
{	Atelectasis ...	...	1	...	...	...	1	...	...	...	...	1
	Injury at Birth ...	...	1	...	...	...	1	...	...	...	...	1
{	Suffocation, overlying	...	...	...	...	...	...	...	...	...	...	...
	Syphilis ...	...	...	...	...	...	...	...	...	...	...	...
{	Rickets ...	...	...	...	...	...	...	...	...	...	...	...
	All other causes ...	...	1	...	...	...	1	...	...	...	1	2
TOTAL ...			6	1	2	...	9	2	1	...	4	16

Net Births in the year { Legitimate, 153.  
Illegitimate, 12.

Net Deaths in the year { Legitimate Infants, 14.  
Illegitimate Infants, 2.

# I.—RETURN of CASES of INFECTIOUS DISEASE notified, &c., during the Year ending 31st December, 1913.

Population, Census 1911—9,017. Population estimated to middle of 1913—8621.\*

**County of Berwick.**

**East District.**

DISEASE.	Number of Cases coming to the knowledge of the Medical Officer of Health.									
	At all ages.	At Age—Years.							Cases removed to Hospital.	Cases not removed to Hospital.
		Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.		
A.—NOTIFIED UNDER THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889.										
Typhoid or Enteric Fever ...	4	...	2	1	...	1	..	...	3	1
Typhus Fever ... ..	...	...	...	...	...	...	...	...	...	...
Smallpox ... ..	...	...	...	...	...	...	...	...	...	...
Scarlet Fever or Scarlatina ...	44	2	8	29	4	1	...	...	26	18
Diphtheria and Membranous Croup ... ..	41	...	4	33	4	...	...	...	19	22
Erysipelas ... ..	4	...	...	...	...	2	2	...	...	4
Puerperal Fever ... ..	...	...	...	...	...	...	...	...	...	...
Cholera ... ..	...	...	...	...	...	...	...	...	...	...
Relapsing Fever ... ..	...	...	...	...	...	...	...	...	...	...
Continued Fever... ..	...	...	...	...	...	...	...	...	...	...
TOTAL ... ..	93	2	14	63	8	4	2	...	48	45
Pulmonary Tuberculosis (under the Public Health (Pulmonary Tuberculosis) Regulations, 1912	17	...	...	...	6	8	2	1	4†	13
GRAND TOTAL ... ..	110	2	14	63	14	12	4	1	52	58

## B.—NOTIFIED UNDER LOCAL PROVISIONS, NOT UNDER THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889.

Whooping Cough ... ..	41	...	...	...	...	...	...	...	...	...
Chicken Pox ... ..	4	...	...	...	...	...	...	...	...	...
Measles ... ..	33	...	...	...	...	...	...	...	...	...

## STATE NAME OF HOSPITAL OR HOSPITALS IN WHICH CASES WERE TREATED.

Gordon Isolation Hospital.

Millerton Hospital, Ayton.

Victoria Hospital, Edinburgh.

\* This is Registrar-General's estimate. My own is 8940.

† Cases removed to Sanatoria are also included here.

# RETURN of BIRTHS and DEATHS, &c., during Year ending 31st December, 1913

**County of Berwick.**

**Middle District.**

POPULATION, Census 1911, 5365.

Estimated at Middle of 1913, 8607.

## NUMBERS.

Births (Corrected for Transcripts)	147	Deaths Transferred In	...	16
Do. Illegitimate do.	12	Do. (Corrected) Both Sexes	...	103
Marriages (Uncorrected)	47	Do. do. Males	...	54
Deaths do.	92	Do. do. Females	...	52
Do. Transferred Out	2			

## RATES PER 1000 OF ESTIMATED POPULATION.

Birth Rate (Corrected for Transcripts)	...	18.4
Marriage-rate (Uncorrected)	...	5.9
Death-rate—All Causes do.	...	11.5
Do. do. (Corrected for Transfers)	...	13.2
Do. do. (Corr. for Transfers and Adjusted for Age and Sex Distribution)	...	11.8
Do. —Phthisis (Corrected for Transfers)	...	1.9
Do. —All Tuberculosis do.	...	1.2
Do. —Principal Epidemic Diseases do.	...	9.9
(Those Asterisked below).		

Infantile Mortality Rate (Deaths of Children of under One Year per 1000 Births), corrected—**6.5**  
 Illegitimate Rate (Illegitimate Births per 100 Total Births), corrected for Transcripts—**5.2**

CAUSES OF DEATH (Corrected for Transfers).	All Ages.	AGE.									
		1-1	5	10	15	25	35	45	55	65	75
*Enteric Fever	...										
Typhus Fever	...										
Smallpox	...										
*Measles	...										
*Scarlet Fever	...										
*Whooping Cough	...										
*Diphtheria and Croup	...										
Influenza	...										
Erysipelas	...										
Phthisis (Pulmonary Tuberculosis)	8				2	1	4			1	
Tuberculous Meningitis	1		1								
Abdominal Tuberculosis	1				1						
Other Tuberculous Diseases	...										
Cancer, Malignant Disease	19				1		1	3	5	6	
Rheumatic Fever	...										
Meningitis	1				1						
Organic Heart Disease	19	1					1	2	2	7	6
Bronchitis	5						1			2	2
Pneumonia (all forms)	5	1				1		2			1
Other Diseases of Respiratory Organs	2								1	1	
*Diarrhoea and Enteritis (under 2 years)	...										
Appendicitis and Typhlitis	...										
All Liver Diseases (not Malignant)	...										
Other Diseases of Digestive System (under 2 years)	...										
Nephritis and Bright's Disease	4							3		1	
Puerperal Sepsis	...										
Other Diseases and Accidents of Pregnancy and Parturition	...										
Congenital Debility and Malformation including Premature Birth	5	5									
Violent Deaths, excluding Suicide	4	1	1						1		1
Suicide	2					1			1		
Other defined Diseases	30	2		1		1		2	6	7	11
Diseases ill-defined or unknown	...										
Total	106	10	2	1		5	4	7	13	18	25



# RETURN OF INFANT MORTALITY

For the Year ending 31st December, 1913.

County of Berwick.

Middle District.

NET DEATHS FROM STATED CAUSES AT VARIOUS AGES UNDER 1 YEAR OF AGE.

CAUSE OF DEATH.			Under 1 Week.	1, and under 2 Weeks.	2, and under 3 Weeks.	3, and under 4 Weeks.	Total under 4 weeks	4 Weeks, and under 3 Months.	3, and under 6 Months.	6, and under 9 Months.	9, and under 12 Months.	Total deaths under 1 Year
All Causes {	Certified ...	...	3	1	1	...	5	1	1	1	...	8
	Uncertified	...	2	...	...	...	2	...	...	...	...	2
Small-pox ...			...	...	...	...	...	...	...	...	...	...
Chicken-pox ...			...	...	...	...	...	...	...	...	...	...
Measles ...			...	...	...	...	...	...	...	...	...	...
Scarlet Fever ...			...	...	...	...	...	...	...	...	...	...
Whooping Cough ...			...	...	...	...	...	...	...	...	...	...
Diphtheria and Croup ...			...	...	...	...	...	...	...	...	...	...
Erysipelas ...			...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis ...			...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis ...			...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases ...			...	...	...	...	...	...	...	...	...	...
Meningitis (not Tuberculous) ...			...	...	...	...	...	...	...	...	...	...
Convulsions ...			1	...	...	...	1	...	...	...	...	1
Pneumonia (all forms) ...			...	...	...	...	...	1	...	...	...	1
Bronchitis ...			...	...	...	...	...	...	...	...	...	...
Laryngitis ...			...	...	...	...	...	...	...	...	...	...
Diarrhoea and Enteritis ...			...	...	...	...	...	...	...	...	...	...
Other Digestive Diseases ...			...	...	...	...	...	...	...	...	...	...
Congenital Malformations ...			...	...	...	...	...	...	...	...	...	...
Premature Birth ...			3	...	...	...	3	...	...	1	...	4
Atrophy, Debility, and Marasmus ...			...	1	1	...	2	...	...	...	...	2
Atelectasis ...			...	...	...	...	...	...	...	...	...	...
Injury at Birth ...			...	...	...	...	...	...	...	...	...	...
Suffocation, overlying ...			...	...	...	...	...	1	...	...	...	1
Syphilis ...			...	...	...	...	...	...	...	...	...	...
Rickets ...			...	...	...	...	...	...	...	...	...	...
All other causes ...			1	...	...	...	1	...	...	...	...	1
TOTAL ...			5	1	1	...	7	1	1	1	...	10

Net Births in the year { Legitimate, 133.  
Illegitimate, 10.

Net Deaths in the year { Legitimate Infants, 10.  
Illegitimate Infants, —

# I.—RETURN of CASES of INFECTIOUS DISEASE notified, &c., during the Year ending 31st December, 1913.

Population, Census 1911 - 8365.      Population estimated to middle of 1913—8007.\*  
County of Berwick.      Middle District.

DISEASE.	Number of Cases coming to the knowledge of the Medical Officer of Health.									
	At Age—Years.								Cases removed to Hospital.	Cases not removed to Hospital.
	At all ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.		
	1	2	3	4	5	6	7	8	9	10
A.—NOTIFIED UNDER THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889.										
Typhoid or Enteric Fever ...	2	...	...	...	1	1	..	...	...	2
Typhus Fever ... ..	...	...	...	...	...	...	...	...	...	...
Smallpox ... ..	...	...	...	...	...	...	...	...	...	...
Scarlet Fever or Scarlatina ...	2	...	1	..	1	...	...	...	...	2
Diphtheria and Membranous Croup ... ..	6	...	1	3	2	...	...	...	...	6
Erysipelas ... ..	9	...	...	...	...	1	5	3	...	9
Puerperal Fever ... ..	...	...	...	...	...	...	...	...	...	...
Cholera ... ..	...	...	...	...	...	...	...	...	...	...
Relapsing Fever ... ..	...	...	...	...	...	...	...	...	...	...
Continued Fever... ..	...	...	...	...	...	...	...	...	...	...
TOTAL ... ..	19	...	2	3	4	2	5	3	...	19
Pulmonary Tuberculosis (under the Public Health (Pulmonary Tuberculosis) Regulations, 1912)	7	...	...	...	2	5	...	...	1	6
GRAND TOTAL ... ..	26	...	2	3	6	7	5	3	1†	25

## B.—NOTIFIED UNDER LOCAL PROVISIONS, NOT UNDER THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889.

Whooping Cough ... ..	56	...	...	...	...	...	...	...	...	...
Measles ... ..	14	...	...	...	...	...	...	...	...	...
Ringworm ... ..	1	...	...	...	...	...	...	...	...	...
Chicken Pox ... ..	1	...	...	...	...	...	...	...	...	...

STATE NAME OF HOSPITAL OR HOSPITALS IN WHICH CASES WERE TREATED.  
Gordon Isolation Hospital.

\* This is Registrar-General's estimate. My own is 8302.  
† Cases removed to Sanatoria are also included here.

# RETURN of BIRTHS and DEATHS, &c., during Year ending 31st December, 1913

County of Berwick.

West District.

POPULATION, Census 1911, 5754.

Estimated at Middle of 1913, 5437.

## NUMBERS.

Births (Corrected for Transcripts) 106	Deaths Transferred In ... .. 11
Do. Illegitimate do. 15	Do. (Corrected) Both Sexes ... 70
Marriages (Uncorrected) ... .. 35	Do. do. Males ... .. 32
Deaths do. ... .. 62	Do. do. Females ... .. 38
Do. Transferred Out ... .. 3	

## RATES PER 1000 OF ESTIMATED POPULATION.

Birth Rate (Corrected for Transfers)	...	...	...	...	...	...	19.5
Marriage-rate	(Uncorrected)	...	...	...	...	...	6.4
Death-rate—All Causes	do.	...	...	...	...	...	11.4
Do.	do. (Corrected for Transfers)	...	...	...	...	...	12.9
Do.	do. (Corr. for Transfers and Adjusted for Age and Sex Distribution)	...	...	...	...	...	11.8
Do.	—Phthisis	(Corrected for Transfers)	...	...	...	...	0.4
Do.	—All Tuberculosis	do.	...	...	...	...	0.6
Do.	—Principal Epidemic Diseases	do.	...	...	...	...	0.5
	(Those Asterisked)	...	...	...	...	...	

Infantile Mortality Rate (Deaths of Children of under One Year per 1000 Births), corrected—66  
 Illegitimate Rate (Illegitimate Births per 100 Total Births), corrected for Transcripts—14.2

CAUSES OF DEATH (corrected for Transfers).	All Ages.	AGE.										
		1	1	5	10	15	25	35	45	55	65	75
*Enteric Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Typhus Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Smallpox ... ..	...	...	...	...	...	...	...	...	...	...	...	...
*Measles ... ..	...	...	...	...	...	...	...	...	...	...	...	...
*Scarlet Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...
*Whooping Cough ... ..	3	2	1	...	...	...	...	...	...	...	...	...
*Diphtheria and Croup ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Influenza ... ..	1	1	...	...	...	...	...	...	...	...	...	...
Erysipelas ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Phthisis (Pulmonary Tuberculosis) ... 2	...	...	...	...	...	1	...	1	...	...	...	...
Tuberculous Meningitis ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases ... ..	1	...	...	...	...	...	1	...	...	...	...	...
Cancer, Malignant Disease ... ..	7	...	...	...	...	...	...	1	3	2	1	...
Rheumatic Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis ... ..	2	...	1	...	1	...	...	...	...	...	...	...
Organic Heart Disease ... ..	10	...	...	...	...	...	...	...	...	3	3	4
Bronchitis ... ..	5	1	...	...	...	...	...	...	1	1	2	...
Pneumonia (all forms) ... ..	6	1	...	...	...	1	...	...	1	3	...	...
Other Diseases of Respiratory Organs 1	...	...	...	...	...	...	...	...	1	...	...	...
*Diarrhoea and Enteritis (under 2 years) ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Appendicitis and Typhlitis ... ..	...	...	...	...	...	...	...	...	...	...	...	...
All Liver Diseases (not Malignant) ... 1	...	...	...	...	...	...	...	1	...	...	...	...
Other Diseases of Digestive System (under 2 years) ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Nephritis and Bright's Disease ... .. 2	...	...	...	...	...	...	1	...	1	...	...	...
Puerperal Sepsis ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Other Diseases and Accidents of Pregnancy and Parturition ... .. 1	...	...	...	...	...	1	...	...	...	...	...	...
Congenital Debility and Malformation including Premature Birth ... .. 2	2	...	...	...	...	...	...	...	...	...	...	...
Violent Deaths, excluding Suicide ... 2	...	...	...	...	...	...	1	...	...	1	...	...
Suicide ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Other defined Diseases ... ..	22	...	1	...	1	...	1	2	2	3	12	...
Diseases ill-defined or unknown ... .. 2	...	...	...	...	...	...	...	...	...	1	1	...
Total ... ..	70	7	2	1	...	2	3	4	5	12	14	20

# RETURN OF INFANT MORTALITY

For the Year ending 31st December, 1913.

County of Berwick.

West District.

NET DEATHS FROM STATED CAUSES AT VARIOUS AGES UNDER 1 YEAR OF AGE.

CAUSE OF DEATH.			Under 1 Week.	1, and under 2 Weeks.	2, and under 3 Weeks.	3, and under 4 Weeks.	Total under 4 weeks	4 Weeks, and under 3 Months.	3, and under 6 Months.	6, and under 9 Months.	9, and under 12 Months.	Total Deaths under 1 Year
All Causes	Certified	...	1	...	1	...	2	3	1	1	...	7
	Uncertified	...	...	...	...	...	...	...	...	...	...	...
Small-pox			...	...	...	...	...	...	...	...	...	...
Chicken-pox			...	...	...	...	...	...	...	...	...	...
Measles			...	...	...	...	...	...	...	...	...	...
Scarlet Fever			...	...	...	...	...	...	...	...	...	...
Whooping Cough			...	...	...	...	2	...	...	...	...	2
Diphtheria and Croup			...	...	...	...	...	...	...	...	...	...
Erysipelas			...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis			...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis			...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases			...	...	...	...	...	...	...	...	...	...
Meningitis (not Tuberculous)			...	...	...	...	...	...	...	...	...	...
Convulsions			...	...	...	...	...	...	...	...	...	...
Pneumonia (all forms)			...	...	...	...	1	...	...	...	...	1
Bronchitis			...	...	...	...	...	1	...	...	...	1
Laryngitis			...	...	...	...	...	...	...	...	...	...
Diarrhoea and Enteritis			...	...	...	...	...	...	...	...	...	...
Other Digestive Diseases			...	...	...	...	...	...	...	...	...	...
Congenital Malformations			...	...	1	...	1	...	...	...	...	1
Premature Birth			1	...	...	...	1	...	...	...	...	1
Atrophy, Debility, and Marasmus			...	...	...	...	...	...	...	...	...	...
Atelectasis			...	...	...	...	...	...	...	...	...	...
Injury at Birth			...	...	...	...	...	...	...	...	...	...
Suffocation, overlying			...	...	...	...	...	...	...	...	...	...
Syphilis			...	...	...	...	...	...	...	...	...	...
Rickets			...	...	...	...	...	...	...	...	...	...
All other causes			...	...	...	...	...	...	1	...	...	1
TOTAL			1	...	1	...	2	3	1	1	...	7

Net Births in the year { Legitimate, 91.  
 { Illegitimate, 13.

Net Deaths in { Legitimate Infants, 6.  
 the year { Illegitimate Infants, 1.

# I.—RETURN of CASES of INFECTIOUS DISEASE notified, &c., during the Year ending 31st December, 1913.

Population, Census 1911 - 5705.      Population estimated to middle of 1913—5437.\*

County of Berwick.

West District.

DISEASE.	Number of Cases coming to the knowledge of the Medical Officer of Health.									
	At all ages.	At Age—Years.							Cases removed to Hospital.	Cases not removed to Hospital.
		Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.		
	1	2	3	4	5	6	7	8	9	10
A.—NOTIFIED UNDER THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889.										
Typhoid or Enteric Fever	...	...	...	...	...	...	..	...	...	...
Typhus Fever	...	...	...	...	...	...	...	...	...	...
Smallpox	...	...	...	...	...	...	...	...	...	...
Scarlet Fever or Scarlatina	3	...	...	3	...	...	...	...	2	1
Diphtheria and Membranous Croup	14	...	...	8	4	2	...	...	11	3
Erysipelas	2	...	...	...	1	1	...	...	...	2
Puerperal Fever	...	...	...	...	...	...	...	...	...	...
Cholera	...	...	...	...	...	...	...	...	...	...
Relapsing Fever	...	...	...	...	...	...	...	...	...	...
Continued Fever...	...	...	...	...	...	...	...	...	...	...
TOTAL	19	...	...	11	5	3	...	...	13	6
Pulmonary Tuberculosis (under the Public Health (Pulmonary Tuberculosis) Regulations, 1912	3	...	...	...	...	3	...	...	...†	3
GRAND TOTAL	22	...	...	11	5	6	...	...	13	9

## B.—NOTIFIED UNDER LOCAL PROVISIONS, NOT UNDER THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889.

Mumps ...	23	...	...	...	...	...	...	...	...	...
Whooping Cough ...	65	...	...	...	...	...	...	...	...	...
Measles ...	1	...	...	...	...	...	...	...	...	...

STATE NAME OF HOSPITAL OR HOSPITALS IN WHICH CASES WERE TREATED.  
Gordon Isolation Hospital.

\* This is Registrar-General's estimate. My own is 5638.

† Cases removed to Sanatoria are also included here.



# RETURN of BIRTHS and DEATHS, &c., during Year ending 31st December, 1913

County of Berwick.

Burgh of Coldstream.

POPULATION, Census 1911, 1375.

Estimated at Middle of 1913, 1303.

## NUMBERS.

Births (Corrected for Transcripts)	24	Deaths Transferred In	...	...	3
Do. Illegitimate do.	3	Do. (Corrected) Both Sexes	...	...	29
Marriages (Uncorrected)	12	Do. do. Males	...	...	10
Deaths do.	27	Do. do. Females	...	...	19
Do. Transferred Out	1				

## RATES PER 1000 OF ESTIMATED POPULATION.

Birth Rate (Corrected for Transcripts)	...	...	...	...	...	18.4
Marriage-rate (Uncorrected)	...	...	...	...	...	9.2
Death-rate—All Causes do.	...	...	...	...	...	20.7
Do. do. (Corrected for Transfers)	...	...	...	...	...	22.3
Do. do. (Corr. for Transfers and Adjusted for Age and Sex Distribution)	...	...	...	...	...	15.1
Do. —Phthisis (Corrected for Transfers)	...	...	...	...	...	3.1
Do. —All Tuberculosis do.	...	...	...	...	...	4.6
Do. —Principal Epidemic Diseases do.	...	...	...	...	...	2.3
(Those Asterisked below).						

Infantile Mortality Rate (Deaths of Children of under One Year per 1000 Births), corrected 12.5

Illegitimate Rate (Illegitimate Births per 100 Total Births), corrected for Transcripts—12.5

CAUSES OF DEATH (corrected for Transfers).	All Ages.	AGE.										
		1	5	10	15	25	35	45	55	65	75	
*Enteric Fever ...	1	...	1	...	...	...	...	...	...	...	...	...
Typhus Fever ...	...	...	...	...	...	...	...	...	...	...	...	...
Smallpox ...	...	...	...	...	...	...	...	...	...	...	...	...
*Measles ...	1	...	1	...	...	...	...	...	...	...	...	...
*Scarlet Fever ...	...	...	...	...	...	...	...	...	...	...	...	...
*Whooping Cough ...	...	...	...	...	...	...	...	...	...	...	...	...
*Diphtheria and Croup ...	1	...	1	...	...	...	...	...	...	...	...	...
Influenza ...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas ...	...	...	...	...	...	...	...	...	...	...	...	...
Phthisis (Pulmonary Tuberculosis) ...	4	...	...	...	...	...	2	1	...	1	...	...
Tuberculous Meningitis ...	2	1	1	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis ...	...	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases ...	...	...	...	...	...	...	...	...	...	...	...	...
Cancer, Malignant Disease ...	2	...	...	...	...	...	...	...	1	1	...	...
Rheumatic Fever ...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis ...	1	...	...	1	...	...	...	...	...	...	...	...
Organic Heart Disease ...	4	...	...	...	...	...	...	...	...	2	2	...
Bronchitis ...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia (all forms)...	2	...	...	...	...	...	...	...	1	...	1	...
Other Diseases of Respiratory Organs ...	...	...	...	...	...	...	...	...	...	...	...	...
*Diarrhoea and Enteritis (under 2 years) ...	...	...	...	...	...	...	...	...	...	...	...	...
Appendicitis and Typhlitis ...	...	...	...	...	...	...	...	...	...	...	...	...
All Liver Diseases (not Malignant) ...	...	...	...	...	...	...	...	...	...	...	...	...
Other Diseases of Digestive System (under 2 years) ...	...	...	...	...	...	...	...	...	...	...	...	...
Nephritis and Bright's Disease ...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Sepsis ...	...	...	...	...	...	...	...	...	...	...	...	...
Other Diseases and Accidents of Pregnancy and Parturition ...	...	...	...	...	...	...	...	...	...	...	...	...
Congenital Debility and Malformation including Premature Birth ...	1	1	...	...	...	...	...	...	...	...	...	...
Violent Deaths, excluding Suicide ...	2	...	...	...	...	...	...	1	...	1	...	...
Suicide ...	...	...	...	...	...	...	...	...	...	...	...	...
Other defined Diseases ...	8	1	1	1	...	...	...	1	...	2	2	...
Diseases ill-defined or unknown ...	...	...	...	...	...	...	...	...	...	...	...	...
Total ...	29	3	3	2	2	...	2	3	2	7	5	...



# RETURN OF INFANT MORTALITY

For the Year ending 31st December, 1913.

County of Berwick.

Burgh of Coldstream.

NET DEATHS FROM STATED CAUSES AT VARIOUS AGES UNDER 1 YEAR OF AGE.

CAUSE OF DEATH.			Under 1 Week.	1, and under 2 Weeks.	2, and under 3 Weeks.	3, and under 4 Weeks.	Total under 4 weeks	4 Weeks, and under 3 Months.	3, and under 6 Months.	6, and under 9 Months.	9, and under 12 Months.	Total deaths under 1 Year
All Causes {	Certified ...	...	1	1	..	..	2	..	..	..	1	3
	Uncertified	...	..	..	..	..	..	..	..	..	..	..
Small-pox ...			..	..	..	..	..	..	..	..	..	..
Chicken-pox ...			..	..	..	..	..	..	..	..	..	..
Measles ...			..	..	..	..	..	..	..	..	..	..
Scarlet Fever ...			..	..	..	..	..	..	..	..	..	..
Whooping Cough...			..	..	..	..	..	..	..	..	..	..
Diphtheria and Croup			..	..	..	..	..	..	..	..	..	..
Erysipelas ...			..	..	..	..	..	..	..	..	..	..
Tuberculous Meningitis ...			..	..	..	..	..	..	..	..	1	1
Abdominal Tuberculosis			..	..	..	..	..	..	..	..	..	..
Other Tuberculous Diseases			..	..	..	..	..	..	..	..	..	..
Meningitis (not Tuberculous)			..	..	..	..	..	..	..	..	..	..
Convulsions ...			..	1	..	..	1	..	..	..	..	1
Pneumonia (all forms)			..	..	..	..	..	..	..	..	..	..
Bronchitis ...			..	..	..	..	..	..	..	..	..	..
Laryngitis ...			..	..	..	..	..	..	..	..	..	..
Diarrhoea and Enteritis ...			..	..	..	..	..	..	..	..	..	..
Other Digestive Diseases			..	..	..	..	..	..	..	..	..	..
Congenital Malformations			..	..	..	..	..	..	..	..	..	..
Premature Birth ...			..	1	..	..	1	..	..	..	..	1
Atrophy, Debility, and Marasmus			..	..	..	..	..	..	..	..	..	..
Atelectasis ...			..	..	..	..	..	..	..	..	..	..
Injury at Birth ...			..	..	..	..	..	..	..	..	..	..
Suffocation, overlying			..	..	..	..	..	..	..	..	..	..
Syphilis ...			..	..	..	..	..	..	..	..	..	..
Rickets ...			..	..	..	..	..	..	..	..	..	..
All other causes			..	..	..	..	..	..	..	..	..	..
TOTAL			1	1	..	..	2	..	..	..	1	3

Net Births in the year { Legitimate, 21.  
 { Illegitimate, 3.

Net Deaths in { Legitimate Infants, 3.  
 the year { Illegitimate Infants, —

# I.—RETURN of CASES of INFECTIOUS DISEASE notified, &c., during the Year ending 31st December, 1913.

Population, Census 1911 1375.

Population estimated to middle of 1913—1303.

County of Berwick.

Burgh of Coldstream.

DISEASE.	Number of Cases coming to the knowledge of the Medical Officer of Health.									
	At Age—Years.									
	At all ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.	Cases removed to Hospital.	Cases not removed to Hospital.
	1	2	3	4	5	6	7	8	9	10

## A.—NOTIFIED UNDER THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889

Typhoid or Enteric Fever ...	1	...	...	1	...	...	...	...	...	1
Typhus Fever ...	...	...	...	...	...	...	...	...	...	...
Smallpox ...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever or Scarlatina ...	1	...	...	...	1	...	...	...	1	...
Diphtheria and Membranous Croup ...	3	...	1	2	...	...	...	...	1	2
Erysipelas ...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever ...	...	...	...	...	...	...	...	...	...	...
Cholera ...	...	...	...	...	...	...	...	...	...	...
Relapsing Fever ...	...	...	...	...	...	...	...	...	...	...
Continued Fever, ...	...	...	...	...	...	...	...	...	...	...
TOTAL ...	5	...	1	3	1	...	...	...	2	3
Pulmonary Tuberculosis (under the Public Health (Pulmonary Tuberculosis) Regulations, 1912	...	...	...	...	...	...	...	...	...	...
GRAND TOTAL ...	5	...	1	3	1	...	...	...	2	3

## B.—NOTIFIED UNDER LOCAL PROVISIONS, NOT UNDER THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889.

Measles ...	62	...	...	...	...	...	...	...	...	...
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STATE NAME OF HOSPITAL OR HOSPITALS IN WHICH CASES WERE TREATED.

Coldstream Cottage Hospital.

Gordon Isolation Hospital.

† Cases removed to Sanatoria are also included here.

# RETURN of BIRTHS and DEATHS, &c., during Year ending 31st December, 1913

County of Berwick.
POPULATION, Census 1911, 659.

Burgh of Lauder.
Estimated at Middle of 1913, 621.

NUMBERS.				
Births	(Corrected for Transcripts)	10	Deaths Transferred In	...
Do. Illegitimate	do.	...	Do. (Corrected) Both Sexes	15
Marriages (Uncorrected)	...	2	Do. do. Males	7
Deaths	do.	15	Do. do. Females	8
Do. Transferred Out	...	...		

RATES PER 1000 OF ESTIMATED POPULATION.				
Birth Rate (Corrected for Transcripts)	...	...	...	16.1
Marriage-rate (Uncorrected)	...	...	...	3.2
Death-rate—All Causes	do.	...	...	24.2
Do. do. (Corrected for Transfers)	...	...	...	24.2
Do. do. (Corr. for Transfers and Adjusted for Age and Sex Distribution)	...	...	...	19.3
Do. —Phthisis	(Corrected for Transfers)	...	...	1.6
Do. —All Tuberculosis	do.	...	...	1.6
Do. —Principal Epidemic Diseases	do.	...	...	1.6
(Those Asterisked below).				

Infantile Mortality Rate (Deaths of Children of under One Year per 1000 Births), corrected
200

Illegitimate Rate (Illegitimate Births per 100 Total Births), corrected for Transcripts—
0.0

CAUSES OF DEATH (corrected for Transfers).	All Ages.	AGE.										
		1	1	5	10	15	25	35	45	55	65	75
*Enteric Fever ...	...	...	...	...	...	...	...	...	...	...	...	...
Typhus Fever ...	...	...	...	...	...	...	...	...	...	...	...	...
Smallpox ...	...	...	...	...	...	...	...	...	...	...	...	...
*Measles ...	...	...	...	...	...	...	...	...	...	...	...	...
*Scarlet Fever ...	...	...	...	...	...	...	...	...	...	...	...	...
*Whooping Cough ...	1	1	...	...	...	...	...	...	...	...	...	...
*Diphtheria and Croup ...	...	...	...	...	...	...	...	...	...	...	...	...
Influenza ...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas ...	...	...	...	...	...	...	...	...	...	...	...	...
Phthisis (Pulmonary Tuberculosis) ...	1	...	...	...	...	...	...	...	...	...	1	...
Tuberculous Meningitis ...	...	...	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis ...	...	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases ...	...	...	...	...	...	...	...	...	...	...	...	...
Cancer, Malignant Disease ...	2	...	...	1	...	...	...	...	...	1	...	...
Rheumatic Fever ...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis ...	...	...	...	...	...	...	...	...	...	...	...	...
Organic Heart Disease ...	1	...	...	...	...	...	...	...	...	1	...	...
Bronchitis ...	1	...	...	...	...	...	...	...	1	...	...	...
Pneumonia (all forms)...	...	...	...	...	...	...	...	...	...	...	...	...
Other Diseases of Respiratory Organs ...	...	...	...	...	...	...	...	...	...	...	...	...
*Diarrhoea and Enteritis (under 2 years) ...	...	...	...	...	...	...	...	...	...	...	...	...
Appendicitis and Typhilitis ...	...	...	...	...	...	...	...	...	...	...	...	...
All Liver Diseases (not Malignant) ...	2	...	...	...	...	...	...	...	1	...	1	...
Other Diseases of Digestive System, (under 2 years) ...	...	...	...	...	...	...	...	...	...	...	...	...
Nephritis and Bright's Disease ...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Sepsis ...	...	...	...	...	...	...	...	...	...	...	...	...
Other Diseases and Accidents of Pregnancy and Parturition ...	1	...	...	...	...	...	1	...	...	...	...	...
Congenital Debility and Malformation including Premature Birth ...	1	1	...	...	...	...	...	...	...	...	...	...
Violent Deaths, excluding Suicide ...	...	...	...	...	...	...	...	...	...	...	...	...
Suicide ...	...	...	...	...	...	...	...	...	...	...	...	...
Other defined Diseases ...	5	...	...	...	...	...	...	...	...	...	3	2
Diseases ill-defined or unknown ...	...	...	...	...	...	...	...	...	...	...	...	...
Total ...	15	2	...	1	...	...	1	...	2	2	5	2

# RETURN OF INFANT MORTALITY

For the Year ending 31st December, 1913.

County of Berwick.

Burgh of Lauder.

NET DEATHS FROM STATED CAUSES AT VARIOUS AGES UNDER 1 YEAR OF AGE.

CAUSE OF DEATH.				Under 1 Week.	1, and under 2 Weeks.	2, and under 3 Weeks.	3, and under 4 Weeks.	Total under 4 weeks	4 Weeks, and under 3 Months.	3, and under 6 Months.	6, and under 9 Months.	9, and under 12 Months.	Total deaths under 1 Year
All Causes	Certified	...	...	1	...	...	...	1	...	...	1	...	2
	Uncertified	...	...	...	...	...	...	...	...	...	...	...	...
{ Small-pox				...	...	...	...	...	...	...	...	...	...
{ Chicken-pox				...	...	...	...	...	...	...	...	...	...
{ Measles				...	...	...	...	...	...	...	...	...	...
{ Scarlet Fever				...	...	...	...	...	...	...	...	...	...
{ Whooping Cough				...	...	...	...	...	...	...	1	...	1
{ Diphtheria and Croup				...	...	...	...	...	...	...	...	...	...
{ Erysipelas				...	...	...	...	...	...	...	...	...	...
{ Tuberculous Meningitis				...	...	...	...	...	...	...	...	...	...
{ Abdominal Tuberculosis				...	...	...	...	...	...	...	...	...	...
{ Other Tuberculous Diseases				...	...	...	...	...	...	...	...	...	...
{ Meningitis (not Tuberculous)				...	...	...	...	...	...	...	...	...	...
{ Convulsions				...	...	...	...	...	...	...	...	...	...
{ Pneumonia (all forms)				...	...	...	...	...	...	...	...	...	...
{ Bronchitis				...	...	...	...	...	...	...	...	...	...
{ Laryngitis				...	...	...	...	...	...	...	...	...	...
{ Diarrhoea and Enteritis				...	...	...	...	...	...	...	...	...	...
{ Other Digestive Diseases				...	...	...	...	...	...	...	...	...	...
{ Congenital Malformations				...	...	...	...	...	...	...	...	...	...
{ Premature Birth				1	...	...	...	1	...	...	...	...	1
{ Atrophy, Debility, and Marasmus				...	...	...	...	...	...	...	...	...	...
{ Atelectasis				...	...	...	...	...	...	...	...	...	...
{ Injury at Birth				...	...	...	...	...	...	...	...	...	...
{ Suffocation, overlying				...	...	...	...	...	...	...	...	...	...
{ Syphilis				...	...	...	...	...	...	...	...	...	...
{ Rickets				...	...	...	...	...	...	...	...	...	...
{ All other causes				...	...	...	...	...	...	...	...	...	...
TOTAL				1	...	...	...	1	...	...	1	...	2

Net Births in the year { Legitimate, 10.  
 { Illegitimate, —

Net Deaths in { Legitimate Infants, 2.  
 the year { Illegitimate Infants, —

# I.—RETURN of CASES of INFECTIOUS DISEASE notified, &c., during the Year ending 31st December, 1913.

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Population estimated to middle of 1913—621.

County of Berwick.

Burgh of Lauder.

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	At all ages.	At Age—Years.							Cases removed to Hospital.	Cases not removed to Hospital.
		Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.		
1	2	3	4	5	6	7	8	9	10	

## A.—NOTIFIED UNDER THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889

Typhoid or Enteric Fever ...	...	...	...	...	...	...	...	...	...	...
Typhus Fever ...	...	...	...	...	...	...	...	...	...	...
Smallpox ...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever or Scarlatina ...	...	...	...	...	...	...	...	...	...	...
Diphtheria and Membranous Croup ...	...	...	...	...	...	...	...	...	...	...
Erysipelas ...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever ...	...	...	...	...	...	...	...	...	...	...
Cholera ...	...	...	...	...	...	...	...	...	...	...
Relapsing Fever ...	...	...	...	...	...	...	...	...	...	...
Continued Fever... ..	...	...	...	...	...	...	...	...	...	...
<b>TOTAL ...</b>	...	...	...	...	...	...	...	...	...	...
Pulmonary Tuberculosis (under the Public Health (Pulmonary Tuberculosis) Regulations, 1912	3	...	...	...	1	2	...	...	...†	3
<b>GRAND TOTAL ...</b>	3	...	...	...	1	2	...	...	...	3

## B.—NOTIFIED UNDER LOCAL PROVISIONS, NOT UNDER THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889.

...	...	...	...	...	...	...	...	...	...
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STATE NAME OF HOSPITAL OR HOSPITALS IN WHICH CASES WERE TREATED.

† Cases removed to Sanatoria are also included here.

